MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13/20

CERTIFICATE OF DEATH

01773 Reg. Diat. No. 217

1. PLACE OF DEATH: county					2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	DECEASED:	1
1					Slate Maryland Count	, Montgomer	СУ
(If outside city or town limits, write RURAL and give nearest town)					Ashton		
How long in above place of death? 30 yrs.					City or town	write RURAL and give ne	arest town)
Hospilal, Institution, or street address where death occurred:					Street No. none		
no	str	eet num	ber		(If rural, give L		
How long in ho	spital or in	stitution?	•••••		2.(a) If veteran, name war. No		***************************************
3. (a) FULL NAME						3. (b) Social Security	Number
SARAH THOMAS M. ADAMS						none	
4. Sex		5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
femal	e	white	wide	owed	20. DATE OF DEATH February	11, 19.4-7	
6.(b) Name of	husband oX	Herb	ert S	. Adams	21. I CERTIFY that death occurred on the date above		
			e /a	A If allow when any	7/24	6 to 1	19. <i>\G</i>
7. Birth date o	f			e) If alive, give ageyears	and that Flast saw h. 21_alive on	4 401	19.47
deceased (m					Immediate cause of death	/	DURATION
8. AGE:	Years	Months	Days	If less than one day			
	81	3	24	hrs min.			
	Mo	ntgorer	v Cour	nty. Maryland	Due to Tehrne Inleis	letal	2
				nty, Maryland	1 1	\$\$00.2.2.2.0000000000000000000000000000	\
1D. Usual occ	upation	Housewi	fe		Due to.		.
11. Industry or	business					***************************************	
当 12. Name	Wm	. W. Mo	ore		Other conditions		
12. Name 13. Sirthp		Marylan	d				
					(Include pregnancy within 3 mc	onths of death)	
HLOW 14. Maide	n name			as	Major fiediogs of operations	,	
2 15. Birthp	lace	Maryla	nd				
10 1-1	Mrs	. Mary F	. S.	Bently	Autopsy results.		
II.					PHYSICIAN: Please onderline the caose to which	ch death should be charged	statistically.
Address	Ashto	on, Mary			22. VIOLENCE: If death was due to external cause	es, fill in the following:	
Bu:	rial		Date there	Feb. 13,1947	Accident, suicide, or homicide		~-
17. Burial Date thereof Feb. 13,1017 (Burial, cremation, or removal, Which?) (month) (day) (yeer)				(month) (day) (year)			
Cemetery or crematory Meeting House Cemetery				e cemetery	Where did injury occur?(City or town)	(County)	(State)
Leastien		Sandy S	Boring	Maryland	Injured at home, farm, industry, public place (whe	re?)	•
114 () 1 ()					Means of Injury	Injured at work?	
18. Funeral d	irector	U. I Coul	tru	Sulphing			
Address	7557	Wiscons	sin Av	e Beth Md	KW3		
2	11-	, -1	Go T	TILB P	23. SIGNATURE.	M. D.	Open direction
19. d	'd by regis	194	- Cul	Registrar	Address Saily Spen	7 Date signed	2/12/4
, (Date lec	C DJ tegio					The state of the s	1-1-1

RECEIVED MAR 4 (90) BUREAL 18 2-35 2411 N. Charles St., Baltimore (R.E.)

CERTIFICATE OF DEATH

MARGIN RESERVED FOR BINDING

		St., Baltimore 4.6	U1114
	CERTIFICATI	E OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH: Jaonery		2. USUAL RESIDENCE (HOI	ME) OF DECEASED:
County			
(If our side city or town limits, write RURAL and	give nearest town)	State 71970	AMAINN. D
How long in above place of death?	1	City or town(If outside city or to	limits write HURAL and give nearest to
Hospital, Institution, or street address where death occurred:	partal	Street No. 2/06	W VSI- NIW
How long In hospital or institution?		2.(a) It veteran, name war	ural, give LOCATION)
3. (a) FULL NAME	^ ^		3. (b) Social Security Number
Johns J.	Apple		
4. Sex 5. Color or race 6.(a) Single, married, w	ridowed, or dispresed	меріс	CAL CERTIFICATION
male write marri	200	20. DATE OF DEATH TILL	- 3 n 19 4 7, at .,
6,(b) Name of hyshand or wife			ne date above stated; that t attended deceased tro
6.(c) If alive, g	ive age	31 Jan 47	19 to 3 7 et
T. Birth date of 70 mg 8 / (761	and that I last sew halive on.	\$ 7-en
decessed (mo., day, w.) 8. AGE: Years Months Days It less t	than one day	Immediate cause of death	storach = 6
85 2 26	hrs min.	melastan	to colon +
Dudiana Co.	Pa	Due to Reinsoner	•
9. Birthplace (Town county, and state)		Obstruction lo	wa signaid 1
10. Usual occupation Relief gov	worker	Due to calon from	tumor mass
11. Industry or Business	1 0	with regita	e bouel alone
E 12. Name alexander 12.	Tople	Other conditions direction	and secondary
₹ 13. Birthplace	VV	Ganeralized (Include pregnancy	within 3 months of death)
14. Maiden name Eugly	ron	Major findings of operations	
\(\mathbb{g} \) 15. Birthplace \(\mathbb{P} \) 2000			Date of op.
16. Informant hosp records		Autopsy results que	alone pone of on Bu
Address			ause to distribute hould be charged water
17 Buck Date thereof 2/	6/47	22. VIOLENCE: If death was due to e	
(Burial, cremation, or removal, Which?)	nonth) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory	en Cara	Where did injury occur?(City	
Location			place (where?)
18. Funeral director S 92, Junes 6		Means of Injury	tnjured at work?
Address 2901 14 in 15 75	W.	MARK	silverio mo
+ 0 2 117 m E	lokes	23. SIGNATURE	M. D. or othe
(Date ree'd by registrar)	Registrar	Address 5522 W	ESTERN MOL Batward 3 7

FEB 6 1947
BUREAU * 8.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)-2

CERTIFICATE OF DEATH

01775

Reg. Dist. No. 2/6

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Montgornery	state Maryland county Montgomery
City or town Balting State Sta	Cartle and hills
How long in above place of death? Since tav. 3, 1947	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 12.12#3
Suburban Hosp, -Belinesda - Mid.	Ar Bral, give LOCATION)
How long in hospital or Institution? Single Navy 3, 1947	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mr John S. Atwood	None
4. Sex 5. Color or race 6.(a)Singlemarried, widowed, or divorced	MEDICAL CERTIFICATION
m W.	20. DATE OF DEATH February 10, 18 47 at :15 AM
6,(b) Name of husband or wife	2f. I CERTIFY that death occurred on the date above stated; that I aftended deceased from
	10
T. Birth date of	and that I last saw h. M. alive on Falruary 9 1947
decessed (mo., (ay, w.) 6, /864 R ACF: Years Months Days If less than one day	Immediate canon of death
o. Aul.	(Registry Failure.
82 7 4hrsmin.	O D County
8. Birthplace Martrose May Hand	Due to Oulmonery Congrelies
10. Usual occupation Tax reper (refired)	Due to Cardis vossaelar reusl,
ff. Industry or business	dieses (arterioscherbie)
12 Name William Atwood	Diher conditions Curicula yentreals
\$ 13. Birthplace Montrose, Maryland	(Include pregnancy within 3 months of death)
14. Maiden name Anna Greenfield 15. Birthplace Montrose Maryland Mr. Clarence Atwood	Major findings of operations.
2 15. Birthplace Montrose, Maryland	Sate of op.
AC informant	Autopsy results
Gaithersburg, Md. R.F.D. # 3	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial 2/13/47	22. VIOLENCE: If death was due to externat causes, fill in the following;
17. Date thereof (month) (day) (year)	Accidenf, suicide, or homicide
Cemetery or crematory St. Marys Catholic Cemetery	Where did injury occur?
Rockville Maryland	Injured at home, farm, Industry, public place (where?)
Location () I ym A C (Tue obbe	Misans of Injury Injured at work?
18. Funeral director.	1 1 1 1 1 1
Address 7557 Wis. Ave. Bethesda, Marylan	23. SIGNATURE Trank Joggers B. M.D.
19. 7/12 19.47 Mr. 6 Jobes Egistrar	Address 8016 Description of St. Bate signed 2/11/47



VS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

M	P	Dist. No	2G2	31
4	Reg.	Diat. No	•	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County montgomens	State Md. County montgoning
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 1 V 2 9 Diney Br Wed
1829 Viney On. Ned.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
CHARLES DWIGHT	AVERU
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white manied	20. DATE OF DEATH 1 February 1947, at 4 27
6,(b) Name of husband or wite. The Chafan Chres	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If allve, give age years	and that I last saw h alive on / February 1947
7. Birth date of deceased (mo., day, yr.) July 29. 1877	
8. AGE: Years Months Days It less than one day	Cerebral Thy subsect 12 kes.
69 6 8min.	
On leavelle)	Due to Coronary Throughout 23 days
9. Birthpiace	000 10.1
10. Usual occupation Lea Cogest.	A Prounchatie Varcular dispare years
11. Industry or business V. A. Government	000 10.23
# 12. Name Denny Bl avery	Silver and Market
13. Birthplace	Diher conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Cottonie Howler 15. Birthplace New burgh h. 4	Major findings of operations.
\$ 15. Birthplace Dew burgh, h. y	Date of op.
16. Informant Mrs. Suga Querry	Antopsy results.
Address 78 2 9 Riner Br. Rd.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Biony Delly	22. VIOLENCE: If death was due to external causes, till in the following:
17 Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory ATT Succelus	Where did injury occur?
wast Belle Blood -	Injured at home, farm, Industry, public place (where?)
Location 21 A A A	Means of Injury Injured at work?
t8. Funeral directo	100
Address washing ton, N-C	John M. W.
Tel 15t 47 Tellar	23. SIGNATURE M. D. or other
(Date rec'd by registrar)	Address Dakowa Vank, MC. Date signed Fish. 47



2-2230- 1-10

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

CERTIFICATE OF DEATH

1. FLACE OF DEAT	Monte	romers	r	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County				*************	State Maryland County Montgo	mery
City or town S17V	ide city or town in	nits, write I	URAL and give nearest	Silver Spring		
How long in above place of death? <u>from 9/18/41</u> Hospital, institution, or street address where death occurred:					City or town Silver Spring (If outside city or town limits, write RURAL and give a	nearest town)
Cedarcro	ft Sani	tarii	i: Im		Street No. 712 Wayne Avenue	*******************************
Hew long in hospital or ins	mana fro	m 9/	18/41		(If rural, give LOCATION)	
3. (a) FULL NAME	THE OTHER PROPERTY.				2.(a) If veteran, name war NO	
3. (a) FULL NAME	METTIE	R. B	AINS		3. (b) Social Securit	y Number
4. Sex 5.	Color or race		e, married, widowed, or divor		none	
		0.(a)singi	Married	ea	MEDICAL CERTIFICATION	
Female	white		med.L.Ted		20. DATE DE OEATH TEGRES 19 4 19 4	7 at 6.30 PM
6.(b) Name of husband or w	Robe:	rt Le	e Bains		21. I CERTIFY that death occurred on the date above Stated; that I attended de	ceased from
			-\ 11 -11 1		2/18 19.4.1 to 2/2.0	19.8.
7. Birth date of			t) It alive, give age	years	and that I last saw h.ealive on	19.4.5
deceased (mo., day, yr.)	Februa		1866		Smart State and of State	DUDATION
8. AGE: Years	Months	Days	If less than one day		Myocarditis	over
81	0 1	1_		min.	······································	
9. Birthplace Was	hington	. D.	C.a.		Due to	o years
		county, and				
10. Usual occupation	HOUSEWI.	r.c	ormerly)	*************	Due to	
11. Industry or business						****
			inmetz		Other conditions Senility	****
13. Birthplace	ashing	ton,	D. C.			
# 14. Maiden nameI	rene Ward	ell	•••••••••••		(Include pregnancy within 8 months of death)	
6	aryland				Major findings of aperations.	
		Poin	s (son)		Date of op	
				*************	Antopsy results	
Address 712 V	Vayne Av		ilver Spri	_		a statustically.
17 Buria	L	Oate there	of 2-13-194 (month) (day)	7	22. VIOLENCE: if death was due to external causes, till in the tollowing;	
					Accident, suicide, or homicide	
Cemetery or crematory Oak Hill Cemetery					Where did injury occur?	(State)
Location Washi	ngton,	D. C			Injured at home, farm, industry, public place (where?)	
18. Funeral director			6. Jumy		Means of Injury Injured at work?	
	ver Spi				X 1/1-1/1/1 /	fee .
Addless DIJ	troi opi	^	4 1		23. SIGNATURE Sugar Suga	
19. Oute rec'd by registr	19.Y.7	prex	hime mu Joh	affe	Del - M.D	or other
Date rec'd by registr	ar)			Registrar	Address ed as Cio Saides senea Date signed	2/10/47

FEB14 1947 BUREAU V. B.

1-55

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Reg. Dist. No.

CERTIFICATE OF DEATH	CERTIFI	CATE	OF	DEATH
----------------------	----------------	------	----	-------

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
County Manhagalling	State Maryland County Maryland
City or town	State County County County
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death opcyred:	Street No. Using den Garde
Trandy W.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME.	3. (b) Social Security Number
Diana tan Bake	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
terrale White Sincke.	20. DATE DE DEATH HEBRUARY 15 1947 21 12 P. M
Jarray	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from
	Jeb. 15 1947, 10 There 1942
7. Birth date of deceased (mo., day, yr.)	and thet I last saw h Acadive on
8. AGE: Years Months Days If less than one day	Immediate cause of death
0. AOL.	
hrs. min.	Drouchofmumorua 2 days
9. Birtholete Milg Or Henrich (Town, county, and state)	Due to
(Town, county, and state)	
1D. Usual occupation.	Due to
11. Industry or business	
12. Name Calter M. Daker 13. Birthplace & a rulestown had	Other conditions 21021
3. Birthplace harnestown had	
El Cocolia Far Ray	(Include pregnancy within 3 months of death)
14. Maiden name Chellia 7 ay Jan. 15. Birthplace Jonna Brook 1 da	Major findings of operations.
\$ 15. Birthplace formal 25000 / ga.	Date of op.
16, informant dalter by Bakely	Autopsy results. Zione
Address Landin Que Krchville by	PAYSICIAN: Please underline the cause to which death should be charged statistically.
12.1.0 9-17-47	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or prematory of Marille Union Cem.	Where did injury occur?
Monta wille but n	Injured at home, farm, industry, public place (where?)
Location	
18. Funeral director Landing Company of the Company	Means of Injury Injured at work?
Address Pockwille, md.	1 7/34 9 - of 1 7. 9
2.0	23. SIGNATURE M. D. or other
19. 2 - 12 19. 47 Ditting Augles	Address Rochville Jud Date signed 2/15/47



FOR BINDING

MARGIN RESERVED

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



01778 No. 2231

CERTIFICATE OF DEATH

	Reg. Dist. No.
1. PLACE OF DEATH: Outgoming	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State Manfand County County City or town India write BURAL and give nearest town) Street No. 6 19 (1f rural give LOCATION)
How long in hospital or Institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(8) Single, married, widowed, or divorced male white married	MEDICAL CERTIFICATION 20. DATE OF DEATH. 20. 19.47. 21 1.11.A
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION
8. Birthplace	Due to surlandia
10. Usual occupation. Turing	Due to Deacture of lift Junior Sday
12. Name James Barnes 13. Birthplace Monty Co my	Other conditions
14. Maiden name Mary Eller Saxis 15. Birthplace Mostly Co mp	Major findings of operations
16. Informant Lossian Rende	Autopsy results Automation Automation and Automatically. PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 DURIGLE (Burial, cremation, or removal, Which?) Cameters as exemplers Colfsulle METHODIST CHURCH.	22. VIOLENCE: It death was due to external causes, till in the tollowing: Accident, suicide, or homicide. Accident Date of
ochicle) a cicliator)	(City or town) (County) (State) Injured at home, farm, Industry, public place (where?)
Location College - Monta Co. Ma	Means of Injury
18. Funeral director. Carrier Co. Stumphrey	Trank J. Broschart M. J.
Address JINGR SPRING - MD. 19. Feb 1th 19 47 Sw. Wordley 3 (Date rec'd by registrar)	23. SIGNATURE And M. D. or other Address Inishus lang M. Date signed Is

FEB 10 1947
BUREAU V 8.

2-2230-1-10

LY, WITH UNFADING INK-THIS IS A PERMANENT be carefully supplied. AGE should be stated EXACTLY. FOR BINDING MARGIN RESERVED

V. S. No. 1

te te	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	942
onld occ	County Works	Registration Dist. No. 2110
should of OCC	Village or City Douglaseus R.	death occurred in a hospitel or institution, State NAME instead of street and number)
100 ./	T ()	ds. How long in U.S. if of foreign birth?yrsmosds.
I V	2. FULL NAME MYS Muntu Carra	ere Bay State of Specify WAR 21
YSTCIAN Statement	(a) Residence: No. R. 7. D. H. J. Gorman Sulvettu	St., Ward Danasus Ma I fuel .
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
LY.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED (WIDOWED) OR DIVORCED (wind the word)	21. DATE OF DEATH (Month), (Day) (Year)
RMANEN X A C T I classified	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
	6. DATE OF BIRTH (month, day, and year) 7ch. 3 1872.	I lest saw he elive on Fulf 1947; death is said
A P ted perl	7. AGE Years Months Days If LESS than 1 deyhrs.	to have occurred on the date stated above, at
IIS IS A PE be stated E be properly of certificate	/) / / Ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
	8. Trade, profession, or particuler kind of work done, es SPINNER, Hausewiff SAWYER, BOOKKEPER, etc	Caut Cownary ordun Julie
VK-T] should it may n back	kind of work done, es SPINNER, Jaures Wife SAWYER, BOOKKEEPER, etc	pur to general arlines 1042
S ti u	10. Date deceased last worked at this occupation (month and	Selenter
	year) occupation occupation	Other Contributory Causes of Importance: Semilit
NFADING pplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) _ Sale More Mil	Sending
FAI ied. ns,	(State or country)	
UNFA supplied n terms, ee instru	13. NAME Clas Carnere.	
y sur	4 14. BIRTHPLACE (city or town) JOSMANNSMANNSMANNSMANNSMANNSMANNSMANNSMAN	Neme of operation————————————————————————————————————
	E 15. MAIDEN NAME Caroley Seale	What test confirmed diagnosis? Was there an autopsy? 23. If death wes due to externel ceuses (VIOLENCE) fill in also the following:
refu	16. BIRTHPLACE (city or town) Balleyus of	Accident, suicide, or homicide? Date of injury19
LY Poor	16. BIRTHPLACE (city or town) - Dellegue of (State or country)	Where did Injury occur?
should be careful; OF DEATH in p. s very important.	17. INFORMANT Edwin Steeding 1.E. D.C.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
S C S	18. BURIAL, CREMATION, OR REMOVAL OR	Manner of injury
ion ion	Place 10 00 05 HILLISTED OF FAT. 194	Neture of Injury
mation s CAUSE TION is	19. UNDERTAKER ASSESSED ASSESS	24. Was disease or injury In any way releted to occupation of deceased?
Z.	20. FILED FILL, 15-, 1947 Della of Burdette Registrar.	(Signed) Affin John M. D. (Address) A A A A A A A A A A A A A A A A A A
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, c. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street ear 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

						44-51-16, 13
ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

RESERVED FOR BINDING

MARGIN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1700

CERTIFICATE OF DEATH

92	71780	
7	CLIOU	Ε.
	1 2	

MV Rog. Diat. No. 2160

1. PLACE OF DEATH:/	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
county Mongamery	State Many and County Montgomery		
City or town limits, write RURAL and give nearest town)	18011		
How long in above place of death? && VIS.	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	street No. 8620 Garfield St.		
Suburban HOSPITA,	(If rural, give LOCATION) World War II		
How long In hospital or lostitution?	a-(-) if foreign many was the		
3. (a) FULL NAME	3. (b) Social Security Number		
A Sex 5 Color or race 6.(a) Single, married, widowed, or divorced	579-26-3202		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male white single	20. DATE DE DEATH 7 e b - 10 1847 at \$: 50 kg		
6.(b) Name of husband or wife			
	Leg med Exa 11 10		
7. Birth date of deceased (mo., day, pr.) A)Way 4, 1924.	and that I leat asw h		
8. AGE: Years Months Days If less than one day	Conford commented		
32 6 6min.	Granding I set temporal bone 3 days		
9. Birthplace R.O. C.K. V. I. I. (Town, county, and state)	Due to.		
(Youn, county, and state)	accidental		
10. Usual occupation Student	Due 10		
11. Industry or business George Washington Universit	<u>y</u>		
12. Name George & Gell 13. Birthpiaca RRCKVVVC MA	Dther conditiona		
	(Include pregnancy within 3 months of death)		
# 14. Maiden name Gertrude ward	Major findings of operations.		
14. Maiden name. Gertrude ward 15. Birtholace Rockille Ma,	Date of ap.		
16. Informant Mrs. Gertrude W. Bell	Autopsy results Answer A store		
Address 8620 Garfield St., Bethesda, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
	22. VIOLENCE: If death was due to external causes, fill in the following:		
Burial Date Thereol 2/13/47 (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide.		
Cemetery or crematory Potomac Church Cemetery	Where did injury occur? AA. (City or town) (County) (State)		
Location Potomac, Maryland	Injured at home, farm, industry, public place (where?)		
18. Funeral director N.M. Ross an Pringhney	Meana of Injury and injured at work?		
D 13 - 3 M33	Frank J. Broschart M.D.		
200	23. SIGNATURE M. D. or other		
19. (Date recision of the registrar)	Address Saitherto - und Date signed 2 1/1 X		



2-35

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Brav

CERTIFICATE OF DEATH

	1:1721
	2777
K	Reg. Dist. No. 202

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
county Mantgomery		
(If outside city or town limits, write RURAL and give nearest town)	State County	
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?. 46 da 45	(If outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street eddress where death occurred:	Street No. 1314 Levis St. N. F.	
Washington Sanitarium and Hospital	(If rural, give LOCATION)	
How long in hospital or institution? 46 days	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
Samuel Phillips Belt		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male White Married.	20. DATE OF DEATH Feb 7 1947 at 1 5 8 m	
8.(b) Name of husband or wife Nellie C. Belt	21. I CERTIFY that death occurred on the date above stated; that I gitended deceased from	
/2	Dec 6 186 10, tel 7 1847	
7. Birth date of	and that I last saw h. Lannalive on 746 6 19.45	
	Immediate cause of death DURATION	
o. Ada.	unaetine tachere unknown	
65 8 /0hrsmin.		
9. Birthplace Liees burg - Virginia	Due 10. Che prophentio unknown	
(Town, county, and atate)	replivalerosio infran	
10. Usual occupation Refixed Engineer.	Que to Hosettersine cardia	
11. Industry or business	deserg whom	
12. Name de la	Other conditions extensionally ones conform	
13. Birthplace		
14. Malden name	(Include pregnancy within 8 months of death)	
	Major findings of operations	
15. Birthplace	Date of op	
16. Informant Washington Danitarium Necords	Autopsy results	
Address De	PHYSICIAN: Please underline the cause to which death should be charged statistically,	
" Handler 2/1/47	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burful, cremation, or removal, Which?) Date thereof. (month) (day) (fear)	Accident, suicide, or homicide	
Cemetery or crematory.	Where did injury Occur?	
Location Leasturg Virgenia	Injured at home, farm, Industry, public place (where?)	
1710-10-19-1	Means of Injury Injured at work?	
18. Funeral director 1. W. C. C. and Alexander	(A 1 11	
Address 200 - 4 - 11. Co Copyry, Dick	23. SIGNATURE Clany Hadley rep	
10 Per 7 1047 TIMB NEGV	M. Dorother	
(Date ree'd by registrar)	Address Date signed	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1.3-	CERTIFIC	CATE OF DEATH Reg. Dist. No.	
1. PLACE OF DEATH: County Montgomery City or town. Chevy Chase. Maryland (If outside city or town limits, write NURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Columbia Country Club Grounds How long in hospital or institution? 3. (a) FULL NAME		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Montgomery City or town Chevy Chase, Maryland (If outside city or town limits, write RURAL and give nearest town) Street No. 12 W. Blackthorn St. (If rurat, give LOCATION) None 3. (b) Social Security Number	
J. (a) 1 cm 1	ROLAND AUBREY BOGLET		
4. Set Male	5. Cotor or race 6.(a)Single, married, widowed, or divorced White Married of or wife Grace Roberds Bogley	MEDICAL CERTIFICATION 20. DATE OF DEATH February 11, 19 47, 21 8:003 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
7. Birth date of deceased (mo., day 8. AGE: Yea 46 9. Birthplace	6.(e) If alive, give age 44. 6.yr.) October 12, 1900 ars Months Days If less than one day 3 29 hrs. ashington, D. C. (Town, county, and state) Lawyer	and that I last saw h alive on 19	
16. Informani	Washington, D. C. rs. Grace Bogley evy Chase, Maryland 1 Date thereof 2/14/47 on, or removat. Which?) atory Rockville Union Cemeter; ockville, Maryland Wis. Ave. Bethesda, Mary	Major findings of operations. Oate of op. Actopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury injured at work?	
	3 1947 9pm & Jole	23. SIGNATURE. M. D. or other istrar Address. Gaithersburg, Md	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly MARGIN RESERVED FOR BINDING

VS A15 545.7

correct age

FEB 20 1947
BUREAU TA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore 30

CERTIFICATE OF DEATH

.... Date signed.....

	Reg. Dist. No.	
1. PLACE OF DEATH: County Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town	State Maryland Couoty Montgomery City or town Silver Spring (If outside city or town limits, write RURAL and give nearest town)	
Hospital, institution, or street address where death occurred: 714 Spring Street	Street No. 714 Spring Street (If rural, give LOCATION)	
How long in hospital or institution?	2.(a) It veteran, name war	
3.(a) FULL NAME IONE SHAW BOWLING	3. (b) Social Security Number 577-01-1809	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
female white widow	20. DATE OF DEATH. 40 20 19 47 21 / 557	
6,(b) Name of husban KKK James Bowling	21. I CERTIFY that death occurred on the date shove stated; that I stigned decessed from	
T. Birth date of	and that I last saw h. C.M. alive on Feb 24 19	
deceased (mo., day, yr.) Jan. 11th. 1887 8. AGE: Years Months Days If less than one day	Immediaiu cause of death DURATION	
60 1 15	Metastatic Carcinoma 5 ff	
9. Birthplace Montg Co Md (Town, county, and state) 10. Usual occupation Retired Clerk 11. Industry or business Telephone Company	Due to. Due to. Due to. Due to. Due to.	
質 12. Name. John H. Shaw 13. Birthplace Maryland	Dther conditions	
≥ 13. 8irthplace Maryland	(Inclode pregnancy within 3 months of death)	
14. Maiden name Julia A. Riggs 15. Birthplace Montg. Co. Md.	Major findings of operations	
16. informani Mrs. Hallie L. Bramell	Autopsy results	
Address 714 Spring St. Silver Spring. 11. Burial Burial Bate thereot 2-28-1947 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide	
Cemetery XXXXX Rockville Union	Where did injury occur?	
Rockville, Montg. Co. Md.	Injured at home, tarm, Industry, public place (where?)	
18. Funeral director. Name & Sumplime	Misens of injury trijured at work?	
Address Silver Spring, Md	23. SIGNATURE FOR THE LAND	

JDING INK. Supply every item of information carefully. The correct age Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLAINLY, WITH UN is especially important WRITE PLEASE

VS A15

19. Dut. 76
(Date ree'd by registrar)

1800 Beltmere.

11027 1947 BORBAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 108

01784

CERTIFICATE OF DEATH

Reg. Diat. No. 216

1. PLACE OF DEATH: County Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate		
City or town. Bethesda (rural) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? dead on admission			
How long in above place of death? Hospital, Institution, or street address where death occurred: US Naval Hospital, Bethesda, Md. How long in hospital or institution? dead on admission	Street No. 1637 Mass. Ave., NW, Wash., D. (If rural, give LOCATION)		
3. (a) FULL NAME BROWN, James Henry	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced married.	MEDICAL CERTIFICATION 20. DATE DF DEATH 19 19 17 21 1:23 F		
6.(b) Name of husband or wife Mary Lee Brown 6.(c) It alive, give age 33 years 7. Birth date of deceased (mo., day, yr.) 1 March 1912	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.		
8. AGE: Years Months Days If less than one day 314 11 18	Lobar Pneumonia, left lower lobe		
(Town, county, and atate) 10. Usual occupation Building Superintendent 11. Industry or business Nat. Jewish Welfare Board 12. Name Sam Brown 13. Birthplace unknown	Due to		
14. Maiden name. Dolly Anna Brown 15. Birthplace S. Carolina Mrs. Mary Lee Brown	Major findings al operations. Date of op.		
16. Informant	Autopsy results		
Address 1637 Mass. Ave. NW, Wash., D. C. 17 Burial (Burial, cremation, or removal, Which?) Date thereof 2-20-117 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the tollowing; Accident, suicide, or homicide		
Cemetery or crematory St. Lukes Cemetery Hasty, N.C.	Where did Injury occur?		
Ernest W. Jarvis 18. Funeral director Address 11:32 U St., N.W., Wash., D.C. 2-20 147 Mary shariotte Smith	Meens of Injury Injured at work? Browthark M. C. M. D. or other		
19. (Date rec'd by registrar) Registrar	Address Danthushung pad Date signed 2.19-47		

PERZEAU V B

2-2160-2-10

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 183

CERTIFICATE OF DEATH

01785 Reg. Dist. No. 2170

1. PLACE OF DEATH: Mortyamery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infant) rive residence of mother)
City or town	State Maryland county Monlyomery
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
	(1f rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Lorenza T. Brown	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male Colored Widamed	20. DATE DE DEATH 36 21 19.47 at 9:40 P. M
6.(b) Name of husband or wife	21. I CEDIFY that death occurred on the date above stated; that I attended deceased from
	Dif Mie G 19 10 10
7. Birth date of (and that I last saw hallve on
deceased (mo., day, yr.) January 1, 1701	Immediate cause of death
8. AGE: Years Months Days It less than one day	Drowning (acrelinital) Jamp
7 6 1 2hrsmin.	deal.
9. Birthpiace	Due to
Jown, connty, and state)	3/4
10. Usual occupation	Due to.
11. Industry or business	Jue 10
	BU
12. Name (Staum) 13. Birthplafe 14. Name (Staum)	Dither conditions
# 14. Maiden name Mary M. Thomas	(Include pregnancy within 3 months of death)
14. Malden name May M. Thomas 15. Sirthplace And	Major findings of operations.
≥ 15. 8 rthplace	Date of op.
18. Interment Mary Uman da Nova	Autopsy results
Address Box 11. Brenklow, Drg.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
12. 0 m. 1. 5 1945	22. VIOLENCE: If death was due to external causes, till in the tollowing;
(Burial, cremation, or removal. Which?) Date thereof	Accident, suicide, or homicide.
Cemetery or crematory & Seewege amely	Where did injury occur? Brinklow monty my
C B+ 10-16	(City or town) (County) (State)
Location Control Contr	Injured at home, farm, Industry, public place (where?)
18. Funeral director Roh. Snawden	Means of Injury in Means of Injured at work?
Address Rack wille, md.	Tracky. Syntact M. O.
The Total	23. SIGNATURE M. D. or other
(Date rec'd by registrar) (Date rec'd by registrar) Registrar	Address Stuthenhang md Date signed 3-4-47

mods

RECEIVED

MAR 28 1947

BIRFA

2-35-

708. Alegalar. 181. Wilmers & en Beecherighan ph. 6046 RECEIVED FEB 6 1947 BUREAU Y # 1-35

Evidence for the addition of

BINDING

FOR

RESERVED

MARGIN

AIS

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Form 7 H.D. C. 9—1474

copy seet to caunty registral

SEC. 683. That it shall be unlawful for any person or persons to cremate or otherwise destroy the dead body, or part of the dead body, or part of the dead body, or part of the dead body, is countersigned by the coroner of said District suthorizing such cremation or destruction. It shall be unlawful for any person or persons to embalm, inject, or, by any similar method preserve the dead body or part of the dead body or part of the dead body or part of the dead body of any human being in said District in four cause thereof is unknown, such embalming, injecting or preserving shall at no time be done unless such death certificate has been signed or Office Hours.—The Health Department is open for the issuance of burial permits, the receipt of complaints, and the transaction of any urgent business, from 9 o'clock a. m. until 11 o'clock p. m., daily.

2411 N. Charles St.; Baltimore

107

Jud. Date signed 2/

/	-	*	CERTIFICATE	OF	DEATH

Batty

CERTIFICA	TE OF DEATH Reg. Diat. No. 2/3
City or town. (If outside city or town finits write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) State County County County County City or town City or town limits, write RURAL and give nearest town) Street No. City or town City or tow
Hew long in hospital or institution?	2.(a) If veteran, name war.
	JTT Bull 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Hinte Single-	MEDICAL CERTIFICATION 20. DATE OF DEATH. 21. 19. 4. 7. at 12. 2. 7.
6.(c) Name of husband or wife	21. I CERTIFY that death occurred on the date shove stated; that I effended deceased from 19. 4. 7. and thet I last saw hold alive on 19. 4. 7. Immediate cause of death December 20. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
8. AGE: Years Months Days If less than one day 2 4 hrsmit	His child die about 6 hours often
10. Usual occupation. None 11. industry or business 12. Name. John F. Butt	sofra Taf 102; with sales in blat, 2 classificat as a forman ble oth
13. Birthplace Montg. Co. Maryland	Styring Cycophalines within 3 months of death)
14. Maiden name Margaret M. Harker 15. Birthplace Prince Geo. Co. Md. 16. Informant Mrs. Margaret M. Butt	Major findings of operations. Colonia Colonia Colonia Colonia Op.
	Autopsy results. PHYSICIAN: Please nuderline the cause to which death should be charged statistically.
Address Rockville, Maryland (Mother) Burial (Burlal, cremation, or removal. Which?) Cemetery or crematory Rockville Union Cemetery	
Location Rockville, Maryland 18. Funeral director	Injured at home, farm, Industry, public place (where?) Means of injury Injured at work?
Address Rockville, Maryland	23. SIGNATURE M.D. or other

Address ...

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(Date rec'd hyregistrar)

MARGIN RESERVED FOR BINDING

FEB 20 47

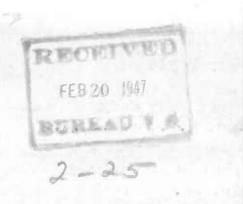
MONTGO RY COUNTY
HEALTH DEPT



2411 N. Charles St., Baltimore 159

1. PLACE OF DEATH:		2 USUAL RESIDENCE (HOME) OF DECEASED:		
County Montgomery		(For newborn infants give residence of mother)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
Cily or town		State D.C. County	,,	
(If outside city or town limits, write RURAL and give nearest town)		Till a self- of the self- of the self-		
How long In above place of death? 2	lays	City or town	arest town)	
USNaval Hospita	death occurred: 1, Bethesda, Md.	Street No. 2020 19th Place, S.E.		
low long In hospital or Institution?	2 days	(if rdrai, give LOCATION)	1/	
3. (a) FULL NAME		2 (1) 5 : 15 : 24	Number	
	James John	CADY		
4. Sex 5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male W-US		20 DATE OF DEATH 2 February 19 47	5:32I	
6.(b) Name of husband or wife		21. I CERTIFY that death occurred on the date above stated; that I attended deci	eased from	
		l February 19 47 to 2 Feb	A194.	
7 Right date of	ebruary 1947	and that I last saw h	194.7	
deceased (mo.; de); /**	Days I if less than one day	Immediais cause of death Respiratory Failure	DURATION	
8. AGE: Years Months	1 11 hrs. 23 m			
9. Birthplace Bethesda	Montgomery, Md.	Due to Prematurity and anemia		
(Town,	county, and state)			
1D. Usual occupation		Due to		
11. Industry or business				
質 12. Name Patrick Wi	lliam Cady	Other conditions	***************************************	
13. Birtholace Mass.		(Include pregnancy within 3 months of death)		
当 14. Maiden name Florence	Mary Boyle			
14. Maiden name Florence 15. Birthplace Mass.		Major findings of operations		
	75 0 2			
	orence Mary Cady	DIVCICIAN. Diseas and office the cames to which death should be charged	statistically.	
Address 2020 19th P	lace, S.E., Wash., D.			
. burial	Date thereof 2-4-47 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:		
burial (Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide		
Cometery or crematory George	Washington Memoria	Where did injury occur?	(State)	
Location Hyattsvi	lle, Md.	Injured at home, farm, Industry, public place (where?)		
18. Funeral director. W. W. C.	Harris Wa Hackean	Msens of Injury Traured at work?		
1B. Funeral director	TIANULTO C	to alexeria		
7400 01	St. N.W. Wash, D.	CO DATE DE THE FROM COST (MC	IISN	
Address 1400 Chapin		7 7 22 SIGNATURE I ALL I I I I I I I I I I I I I I I I I		
19. (Date rec'd by registrar)	may Charlotto Sim	23. SIGNATURE PAUL PLILEBON, Capt. (MC		

BINDING MARGIN RESERVED FOR



. 2-2160

2 -10

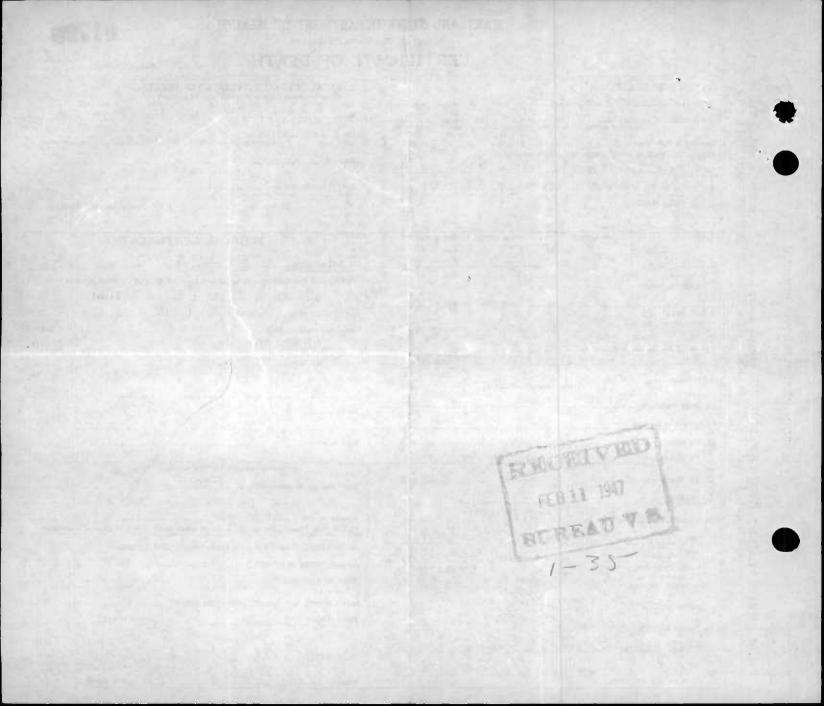
WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411

N.	Charles	St.,	Baltimore	947
				1000

CERTIFICAT	E OF DEATH Reg. Dist. No	
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	
3. (a) FULL NAME It ilson a. Carroll	3. (b) Social Security	Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced walle white wielawed	MEDICAL CERTIFICATION 20. Date of Death February 8 19.47	,9:15 P
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended dece January 1 19 41 to February and that I last saw h im alive on February 8	8 19.47
deceased (mo., day, yr.)	Immediate cause of death Pulmonary edema	
9. Birthplace (Town, county, and state) 1D. Usual occupation. Turmer	Due to Severe Coronary Sclerosis	severa years
11. Industry or business 12. Name	Due to. With Acute heart failure Diher conditions.	24 hrs.
14. Matden name	(Include pregnancy within 3 months of death) Major findings of operations	
16. Informant Hospital Records Address Takomy Fashe MA	Autopsy results	
17. Surial (Burial, cremation, or removal. Which? Date thereof Just (months) (dey) (year) Cemetery or crematory Justification Generally.	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	
Location State of Sta	Injured at home, farm, industry, public place (where?) Means of Injury injured at work?	
19. Fel. 8 1947 Him Double	23. SIGNATURE M. D.	or other 29/47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 952

CERTIFICATE OF DEATH

Reg. Dist. No....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Mansfaur County, Montgonung
City or town	11.12.1 1b
How long in above place of death?	City or town
Hospital, Institution, or street address where areath occurred:	Street No. 9516 Colevelle Rd
95) (Colesiolle 124.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME George Russell Castel	e, fr. 3. (b) Social Security Number
4. Sex 5. Coldy or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white single	20. DATE OF DEATH FLF 12 1945 , 21 M
	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
B.(b) Name of husband or wife	
7. Birth date of	and that I last say a live on 19
deceased (mo., day, yr.) July 30 1932	Immediate cause of death
8. AGE: Years Months Days It less than one day	died.
14 6 12hrsmin.	acuto Cardian delelotron a
9. Birthplace Wash & C	Due to.
(lown, county, and atate)	
1D. Usual occupation.	Dug to.
11. Industry or business	700 (0.00)
E 12. Name Yes R. castell	Other conditions
13. Birthplace Wash De	
# 14. Malden name Yentrude m. Conner	(Iuclude pregnancy within 3 months of death)
E V. Museum manuer manu	Major findings of operations.
2 15. Birihplace Wash. De.	Date of op.
18. Informant Fro R. Castell	Autopsy results
Address 95/6 Colesville Rd. Delven Spry me	
17 Buriel Date thereof 24 15/47	22. VIOLENCE: 11 death was due to external causes, fill in the following;
17	Accident, suicide, or homicide
Cemelery or cremaiory. The Claud	Where did injury occur?
Location Woshington DE	Injured at home, farm, industry, public place (where?)
Mars of Relace la &	Means of injury tnjured at work?
18. Funeral director flather fine for the first fine fine for the first fine fine for the first fine fine for the first fine fine fine for the first fine fine fine fine fine fine fine fine	7 19. Browhart m.S.
Address (3/) of and 8.2.	22 SIGNATURE PROLET COMMENT SECOND
19. Det 13 1947 Josephine My Charfe	M. D. or other
(Date rec'd by registrar)	Address Leathers being Med Date signed 2:12:47

FEB14 1947
BURRAU V.A.

make in the state of the state

Call 40

PLEASE

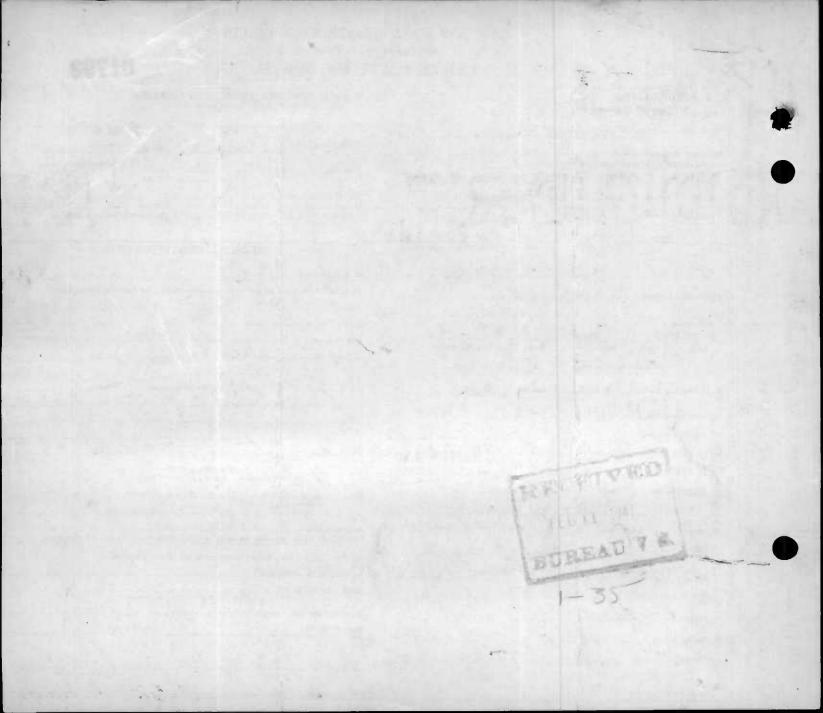
VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 48-6)

	017004 70	
Reg.	Dist. No. UV3	

CERTIFICAT	TE OF DEATH Rog. Dist. No. 1273
1. PLACE OF DEATH: County Man To Mary City or town To Mary (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Washington Son Torium Hosp. How long in hospital or institution? 2.3 Cays.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
Miss Mande Cavender 4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced Female Cauc. Single	MEDICAL CERTIFICATION 20. DATE DE DEATH. Fol. 10 19.47 21.642 a.m.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that tattended deceased from
7. Birth date of deceased (mo., day, yr.) San. 3 1885 8. AGE: Years Months Days If less than one day Carlo Months Days In the second Months Days In the second Months Days Days Days Days Days Days Days Day	and that I last saw her alive on The G. 19.42. Immediate cause of death OURATION Collin Character The G. 19.42.
9. Birthplace Rut land Indiana: (Town, county, and atate) 10. Usual occupation Retired 90 u't. Clerk 11. Industry or business	Due to. Morkoga of careful 3901. Due to.
12. Name William Cavender 13. Birthplace un Known. 14. Maiden name Fannie whistler 15. Birthplace Pennsylvania	Other conditions
2 15. 8irthplace Pennsylvania. 16. Informant. Records - Washington Som Hosp Address Taltomal Park Md.	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
11. David. (Burial, cremation, or removal, Which?) Cemetery or crematory. Date there (month) (day) (year)	22. VIOLENCE: if death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director Q: William Fell Sons C Address 300 - 4 St n & William, Auch, No Co	John A Brown Stage 428
19. F. Co. 10 19 Y7 F. T. Sham No. 2011 (Date rec'd by registrar) Begintrift Begintrift	23. SIGNATURE M. J. or other Address. Date signed 2 // Address



*	

CERTIFICAT	E OF DEATH Reg. Dist. No. 2160
1. PLACE OF DEATH: County City or town. (If outside city of the finance, write holder and give nearest town) How long in above place of death? Hospital, institution, or street argress where death occurred: The finance of the f	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give resignee of mother) State
3.(a) FULL NAME JOSEPH C. Clarker	3. (b) Social Security Number None
4. Sex Solor or race 6.(a) Single, married, widowed, or divided	MEDICAL CERTIFICATION
s.(6) Name of husband or wife	20. OATE DF DEATH
	12 CX 14 18 46, 10 Tab 12 18 47
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 7.7 Sept - 4. 18. 49. 49. 49. 49. 49. 49. 49. 49. 49. 49	Immediant sure of death. Chiffeenowa DURATION The environment of the sure of
9. Birthplace Paila delplia . Pa (Town Jounty, and state)	Due to Naction from structures. 3 yrs
10. Usual occupation	Oue 10
12. Name Plul - Par Par	Other conditions
# 14. Maiden name Louise Conover	(Include pregnancy within 8 months of death) Major findings of operations.
15. Birthplace Plib- Pa	Date of op.
- 16, Informant	Autopsy results
Address Burial (Burlal, cremation, or removal, Which?) Address Date thereof (month) (day) (year)	22. VIOLENCE: tf death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory Cedar Hill Cemetery	Where did Injury occur?
Location Suitland, Maryland 18. Funeral director Deuken Tumphree	Injured at home, farm, Industry, public place (where?) Maans of Injury Injured at work?
Address Bethesda, Maryland	23. SIGNATURE [Manie /ag & m. D.
19. 2/13 (Date rec'd by registrar) 19. 47 2/m E Johns Registrar	Address 1150 Com. Fre . Work. N. B. or other 2.13.4

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

PLEASE

A15 VS



水

01794

CERTIFICATE OF DEATH

Rev Dist No. 214

1. PLACE OF DEATH: County Montgomery				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
City or town. Silver Spring (If outside city or town limits, write RURAL and give nearest town)				state Maryland county Montgomery			
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?		City or town Silver Sprin	g	rest town)			
How long in above place XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	street address where	death occurre	:d:	Street No. 9418 Wire Ave			
9418 W	ire Ave.			(If rural, give	LOCATION)	*********************	
How long in hospital or	r Institution?			2.(a) If veteran, name war			
3. (a) FULL NAM	E				3. (b) Social Security	Number	
	CAROI	INE	VIRGINIA CLA	RK	none		
4. Sex	5. Color or race	8.(a)Sing	tie, married, widowed, or divorced	MEDICAL C	ERTIFICATION		
Female	white	W	idowed	20. DATE OF DEATH Stelmany	16 1547	, 21 2100 P	
6.(b) Name of husband	or wife Fran	klin	Pierce	21. I CERTIFY that death occurred on the date abo			
0.(0) 1121110 01 11212110			(c) If allve, give ageyear	July			
7. Birth date of deceased (mo., day,)	771 - 7-			and that I last saw h alive on	26, 16		
8. AGE: Years		Days	if less than one day	Immediair cause ol death		3 Ans.	
85	11	24	hrs min.	Cororany his	very Cls	D Mari	
M	brelvas			Busto Comeralized G	irlenosden	841.	
9. BirthplaceM							
1D. Usual occupation	Retir	edbs	***************************************	. Bue to			
11. Industry or busines							
12. NameH	enry Sch	011		Other conditions	***************************************	000000000000000000000000000000000000000	
13. Birthplace		d		(Include pregnancy within 3			
14. Maiden name.	Carol	ine M	urphy				
E 15 Rirthniace	Marvland			Major findings ol operatious.			
M:	rs. Clar	ance	J. Clements	Autopsy results.			
16. Informant	*. ×. * ×. *. *. *. *. *. *. *. *. *. *. *. *. *.			PHYSICIAN: Please underline the cause to w	hich death should he charged	statistically.	
			ilver Spring.	22. VIOLENCE: tf death was due to externat car	uses, fill in the following:		
17. BUEL	al , or removal. Which?	Date the	reof 2-18-47 (month) (day) (yeor)	Accident, suicide, or homicide	Date of	**********************	
				Where did injury occur?(City or town)	(County)	(State)	
Incation For	est Glen	Mon	tg. Co., Md.	Injured at home, farm, Industry, public place (w	rhere?)		
1B. Funeral director.	()		employey	Means of Injury	Injured at work?		
			/ /	10 210/-	1	0	
Address 51.	rver spr		Maryland.	23. SIGNATURE	1010pm	or other	
19.24.17	7 19.47	popp	ine In Scharffe	Address 943 Bonefast	Date signed.	0//-	
(Date rec'd by re	egistrar)	<i>y</i>	J'Gyristra:	Address	ag/pring nu		

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The corrected is especially important. Physicians: please write the causes of death clearly and legibly

9-45-15M

/S A15

PLEASE



correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



,	Reg. Dist. No	***************************************
1. PLACE OF DEATH: 2	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Co	State Mary County Months	mer
City or town I outside city or town limits, write KURAL and give nearest town)	NV 27 -511. 5-	3
How long In above place of death?	City or town limits, write RURAL and give near	rest town)
Hospital, Institution, or street address where death occurred:	Street No. (If rurnl, give LOCATION)	***************************************
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security 1	Number
Marenal T. Clark	· ·	
4. Ser 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
remole Wo married	2D. DATE DF DEATH. Fall 4	2 30 a M
6.(b) Name of husband on write Charles	21. I CERTIFY that death occurred on the date above stated; that I attended decea	
B.(c) If alive, give age years) and 6 19 47 10 Feb 4	19. 4
7. 8 Irth date of 1877	and that I had saw a street a	19.42
8. AGE: Years Months Days If less than one day	Immediate cause of death.	DURATION
69 8 18min.	Continue as level	Mant Bush
2 marla	Due to Selevario of The Corners	12- Janean
8. Birthplace (Town, county, and state)	and a series of	p population mentally
10. Usual occupation.	Due to Asterio Selvano	untamon
11. Industry or business		
12. Name Walliam (Thylith 13. Birthplace Wardland	Diher conditions 22022	***************************************
13. Birthplace Maryland	(Include pregnancy within 3 months of death)	
14. Maiden name Maylong 15. Birthplace Waylong	Major findings of operations	
E 15. Birtholace Maryland	Date of op	***********
18. Informant David Weash.	Antopsy results.	
Address offersalle many	PHYSICIAN: Please underline the cause to which death should be charged	statistically.
12/1/1/1/1947	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation, or removal, Which?) Date thereof, (rgonth) (day) (year)	Accident, suicide, or homicide	
Cemetery or exemetory A College State Colleg	Where did injury occur?	(State)
Location I O 201 4	Injured at home, farm, industry, public place (where?)	44.00.000000000000000000000000000000000
18. Funeral director A Conf M Basher	Meens of Injury Injured at work?	
Address to office sielle mig	1 min	
Will 47 GOTAGE	23. SIGNATURE France H Drawy M. D.	
19	Address Lay torse welle med Date signed.	7265,1947

13 - 12 13 -2-2180-1-10

JARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH



2411 N. Cha	rles St., Baltimore 950
CERTIFICA	TE OF DEATH Reg. Dist. No. 2/
1. PLACE OF DEATH: County City or town limits, write kURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution? 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate County City or lown (If outside city or town limits, write RURAL and give nearest town) Sireet No
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color optace 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male W marries	20. DATE OF DEATH: February 2 19.47 at 5.00A:
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Motihs Days If less than one day	and that last saw h
75. 4 27hrsmin	1. Trescular district. 1 / 1 years
9. Birthplace (Town, county, and state)	Due to
10. Usual occupation A Parameter	Due fo.
11. Industry or business 12. Name 13. Birthplace	Other conditions
	, (Include pregnancy within 3 months of death)
14. Malden name Salel Philips 15. Birthplace	Major findings of operations
16. Informapt Stack & Clay	Autopsy results
Address Dans Sous Mag 4.194	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, Camoval Which?) (day) (year)	Accident, suicide, or homicide
Cemelery of crematory. In Constitution of Cons	Injured at home, farm, todustry, public place (where?)
18. Funeral director 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Means of Injury • Injured at work?
Address Offensville may	23. SIGNATURE Junes D. Ken My. N.
19 F 3 19 42 Della W. Burtel (Data pe'd by registrar) Registra	M. D. or other 3/3/4

Marie Merin Marie Comment of the - + + + t. Just 6-15 71 College Clay PI. OIM VIND FEB 5 1947 BOKEAU . . Simple de la grande The ball the same 1-35 Aug states and · Virginia is at The or

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



01797 Reg. Dist. No. 3/30

1. PLACE OF DEATH: County Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town	State Mary Land County Montgomery City or town Seneca (If outside city or town limits, write RURAL and give nearest town) Street No. None (If rural, give LOCATION)		
	2.(a) If veteran, name war		
3.(a) FULL NAME EMMA IRENE CROSS	3.(b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
female white married	20. DATE OF DEATH February 24 19 47 21 2:55 AM		
6.(6) Name of husband ox ene Reginald Cross	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of			
7. Birth date of deceased (mo., day, yr.) August 31,1876	and that I last saw h alive on 19. Immediate cause of death Depa Meda Exama Case DURATION		
8. AGE: Years Months Days If less than one day			
70 3 23hrsmin.	Cente my vandetis Died		
9. Birthplace Montgomery County, Md (Town, county, and state)	Due 10 Suddenly		
10. Usual occupation	Due to		
11, Industry or business none			
E 12. Name John Whalen 13. Birthplace Montgomery Co., Md.	Dther conditions		
14. Maiden name Frances Collier 15. Birthplace Dickerson, Md. 16. Informant Mrs. Thomas Stearn(daughter)	(Include pregnancy within 3 months of death) Major findings of operations		
≥ 15. Birthplace Dickerson, Md.	Date of op.		
16. Informant Mrs. Thomas Stearn (daughter)	Actopsy results. None		
Address Glen Rd., R.F.D., Rockville, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
	22. VIOLENCE: If death was due to external causes, fill in the following:		
17. Burial (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Monocacy Cemetery	Where did Injury occur? (City or town) (County) (State)		
Location Beallsville, Maryland	Injured at home, farm, industry, public place (where?)		
18. Funeral director. W	Means of Injury Injured at work?		
Address 7557 Wisconsin Ave., Bethesda, Md	Frank J. Browhart M. J.		
19. 2-25 19.47 Botty one Sunday	23. SIGNATURE M. D. or other M. D. or other M. D. or other		

FE 5 26 1947

BUREAU V &

1-35

JARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (55-2)

01798

			>	1	4	1
Dan	Die	No				1

CERTIFICAT	E OF DEATH Reg. Dist. No. > 1 40
1. PLACE OF DEATH: County City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or, street eddress where death occurred: Discharge to the street of t	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Diss Marion Cunningham	3. (b) Social Security Number
2. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Simple	MEDICAL CERTIFICATION 20. DATE OF DEATH 26 6 M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
9. Birthplace Shiladel his Tennsylvania	Several Careinsmotises 6 20, - Dyl 10 Primary Cerim not brown
10. Usual occupation	Dther conditions
13. Birthplace Shiladelphia So. 14. Maiden name Shiladelphia ta	(Include pregnancy within 3 months of death) Major findings of operations
Address 17. (Burial, cremation, or phown, Which?) Date thereot 24 (month) (day) (year)	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the following; Accident, suicide, or homicide
Commetery or crematory face continue to the commetter of the continue to the c	Accident, suicide, or homicide
Address / 5 6 Lenne are 37.34. 19. Daty registrar) 19. Daty registrar)	23. SIGHATURE Colors Porls - Date signed 2-14-47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. CF	harles St., Baltimore 6
CERTIFIC	CATE OF DEATH Reg. Dist. No. 223
City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate County County (If outside city of town limits, write RURAL and give nearest town)
Washington Jan & Hough	Sireet No. (If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
men. Lola Danghenbough	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Figural White married	20. DATE DE DEATH Fel 4 (1947 21/04 A
5 (h) Name at husband or wite Mar . Arvin M.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
107	Jon 18 19 7 10 Feb 6 19 47
7. Birth date of	and that I last saw h. da alive on File
deceased (mo., day, yr.) 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Immediate cause of death
8. AGE: Years Months Days It less than one day 28hrs.	Mupertanies and artimochemic
VJ Alexander	I have to the termination of the second
9. Birthplace	Due to Du
1D. Usual occupation Hammy	P la latin Cu Th
11. Industry or business	Due to
13. Birthplace & akland, Med.	(Include/pregnancy within 3 months of death)
# 14. Maiden name Clara Ausel	Major findings uf operations
14. Maiden name Clara Russel 15. Birthplace Dahland, Med.	Dale of op.
16 Intermen Chris Parsy F. Rotte Sist	Autopsy results. as alexe
for You ho the P. A	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Biling File & ight	7. 22. VIOLENCE: It death was due to external causes, till in the tollowing:
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemelery or crematory.	Where did injury occur?
Location HUNTING DON, PENNAY	Injured at home, farm, Industry, public place (where?)
DAVE A PROBLEM	Means of Injury Injured at work?
18. Funeral director	on al No. 1 And
Address 25 Sapholl D. 111. Japany Marke, N.	1 23 SIGNATURE WILL OR A Made Mill
- 7 06 7. 167 XTTOM NOW.	M. D. or other
(Date rec'd by registrar)	istrar Address assure Date signed Date signed

MARGIN RESERVED FOR BINDING



2411 N. Charles St., Baltimore

The same	U	L	9	U	1)

CERTIFICATE OF DEATH

			m 1/10
eg.	Diat.	No.	216

1. PLACE OF DEATH: Nontgomery County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland County Montgomery City or town Bethesda (If outside city or town limits, write RURAL and give nearest town) 406 Battery Lane (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
LOUISE HOWSER DAVIS	none
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female white widowed	20. DATE OF DEATH. February 3 19.47 at 2:30P
6.(b) Name of husband or wife Dr. Harry P. Davis (deceased)21. I CERTIFY that death occurred on the date above stated; that I attended doceased from
S (e) If alive sive are weare	19
7. Birth date of deceased (mo. day, yr.) August 29,1889	and that I last saw he alive of the 2 15.47
deceased (mo., day, yr.) August 29, 1009	Immedico cause of death
9. Birthplace. Washington, D. C. (Town, county, and state) Housewife 10. Usual occupation. 11. Industry or business Harry R. Howser	Due to.
Harry R. Howser 12. Name. Washington, D. C.	Other conditions
14. Maiden name Carrie McLaughlin Washington, D. C.	(Include pregnancy within 3 months of death) Major findings of operations
Mr. Harry R. Howser Jr. 406 Battery Lane, Bethesda, Md.	Autopsy results
Burial Barial Bate thereof Feb. 6,1947 (Burtal, cremation, or removal, Which?) Rock Creek Cemetery Cemetery or crematory.	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Washington, D. C.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Address 7557 Wisconsin Ave., Bethesda, Md	23. SIGNATURE / Manie Jag M.D.
19. 2/5 Jules (Date ree'd by registrar) 19.4.7 Mrs & Jules Registrar	Address 1150 Com fre Grand Date signed 2 -46 47

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

ó VS A15

PLEASE



2411 N. Charles St., Baltimore 46-2

- *

01801

CERTIFICATE OF DEATH

216 |

1. PLACE OF DEATH: County Montgomery. City or town Be the sda (rural) (If outside city or town limits, write RURAL and give nearest town) How tong in above place of death? 5 months, 12 days Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Va. State
US Naval Hospital, Bethesda, Md.	(If rural, give LOCATION)
How long in hospital or institution? 5 months, 12 days	2.(a) tt veteran, name war
3.(a) FULL NAME DONELAN, William Joseph,	Jr. 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male W-US married	20. DATE OF DEATH
6.(b) Name of husband or wife. Anna Donelan 6.(c) If alive, give ageyears 7. Birth date of deceased (mo., day, yr.) June 7, 1917	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 28 July 1946 to 10 Feb. 1947 and that I last saw h. im. alive on 10 Feb. 1947
8. AGE: Years Months Days If less than one day	JEERGERAL (BEST OF GENERAL STATES
29 7 3hrsmin.	Carcusura Signaid Carpen 6 mon
9. Birthplace Mass. (Town, county, and state) 10. Usuat occupation Marine Corps 11. Industry or business 12. Name William J. Donelan, Sr. (Town, county, and state)	Due to Dither conditions. Surgely melastases
14. Maiden name Sarah Agnes Donelan Ireland	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant Wife: Mrs. Anna Donelan Address Fairfax, Va., Route #1 17. burial Date thereof 2-13-17 (Burial, cremation, or removal. Which?) (month) (day) (year) Cemetery or crematory Arlington National Location Arlington, Va. 18. Funeral director W. W. CHAMBERS Address Beorgetown, D. C. 19. 2-11 19 47 Mary Charlotte Smith Registrar Registrar	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: tf death was due to external causes, fill in the following; Accident, suicide, or homicide

WITH/UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and MARGIN RESERVED FOR BINDING PLAINLY, V is especially

VS A15



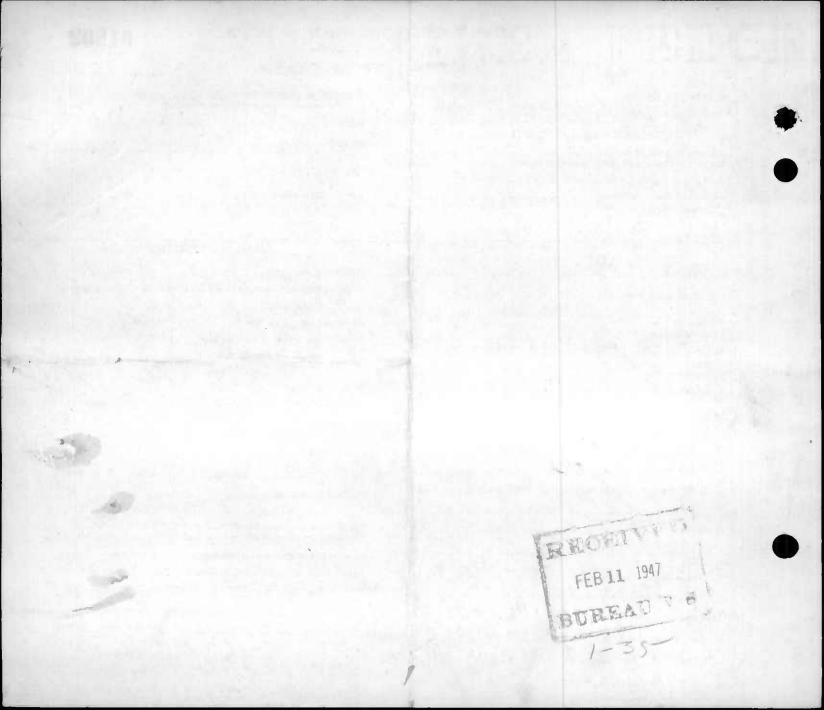
2 - 2160 - 2 - 10

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (70-2)

, CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH: County City or town (If outside County write Act and give nearest town) How long in above place of death? Hospital, Institution, or street address where Geath occurred: Sulvanian Act and give nearest town) How tong in hospital or institution? 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 6. Colored 6.(a) Single, married, widowood, or divorced Male Colored Single	MEDICAL CERTIFICATION 20, DATE OF DEATH 7-21-3, 1947, 21-5, 21
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
8. AGE: Years Months Days If less than one day 3. If less than one day hrs. min. 9. Birthplace	Oue to Below feeloweal his
10. Usuat occupation 11. Industry or business 12. Name Augustus August	Oue to
14. Maiden name Jacuse Hawaguss 15. Birthplace Saithersleurg 16. Informant Address	Major findings of operations. Oate of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
17 Burial Date thereof. Seb 6 1947 (Burial, cremation, or remove). Which?) Cemetery or crematory. Dracke Crove Location Layton SVIIe, Md	Accident, suicide, or homicide
18. Funeral director Robert. W. Snowder Address 246. N- Wash. St. Rockville Md 19. 2/6 (Date rec'd by registrar) 19. (Date rec'd by registrar)	Means of Injury and according Injured at work? M. D. 23. SIGNATURE Sand M. D. or other Address Santus and M. D. or other Address Santus and M. D. or other



WITH UNFADING INK. Supply every item of information carefully. The correct age important. Physicians: please write the causes of death clearly and begibly.

PLAINLY, V is especially

WRITE

PLEASE

(Date rec'd by registrar)

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baftimore 35.0 X CERTIFICATE OF DEATH

		No	0.11	11
Reg.	Diat.	No	0.66	o

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
County Montagamany	State Manyland County Montgomeny
City or fown	
	City or town. Cochustle
How long in above place of death?	
	Street No. 215 Mannae
Sulurban Hoopital	(If rural, give LOCATION)
How long in hospital or institution?!	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mary O. Edmonaton	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Marked	20. DATE DE DEATH
B.(b) Name of husband or wife . albert R. Edwarston.	21. I CERTIFY that death occurred on the dato above stated; that t attended disceased from
	January 21 1847, 10 7ch, 6 1947
6.(c) If alive, give age	and that I last sow he alive on 7th to 1947.
7. Birth date of deceased (mo., day, pr.) August 18, 1887	
	Immediate cause of dasth
o. AGE:	DAypertonouse beaut disease with 10 years
59 5 19nrsmin.	acute cardiac dilatation and failure 4 days
20.0 m D =	Bueto 3 Squamous cel Cashinoma of
9. Birthplace	
	right lower con 24th.
1D. Usual occupation Hamanife	Due 10. 3) Elevaliantiases, savana, bott 1.3 you.
11. industry or business	lover + upper legs,
12. Name Charles P. Oston	Diher conditions.
16	
13. Birthplace (decared) Ker York,	(Include pregnancy within 3 months of death)
14. Maiden name Cuylar Fast St. 15. Birthplace Virginia	Major findings of operations Compositations, wight lag , low
15. Birthplace Virginia	
	thigh for concernment Bato of on Jan 31, 1947
16. Informant husband, Albert R. Edmonston	Antopsy results
Address 215 Monroe St., Rockville, Md.	22. VIOLENCE: If death was due to external causes, fill in the following;
anomation 2/8/17	
17 Cremation Date thereof 2/8/17 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Cedar Hill Crematory	Whers did Injury occur?
Location Suitland, Md	Injured af home, farm, Industry, public place (where?)
RAD. II A IM	Misens of Injury Injured at work?
18. Funeral director Commence Temphray	madis 4) injury
Address 7557 Wisconsin Ave., Bethesda 14	23. SIGNATURE W. Cleans & My Curre M. D. or other
19. 2/7 1947 Mm Exoles	
(Date rec'd by registrar)	Address 5610 moorland Law, Betherdy Date signed Feb. 6, 1443



CERTIFICATE OF DEATH

216

1. PIACE OF DEATH: County Montgomery City or town. Bethesda (rural) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 78 days Hospital, institution, or street address where death occurred: USNH, Bethesda, Maryland	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Montgomery Chevy Chase (If outside city or town limits, write RURAL and give nearest town) Street No. Chevy Chase Club (If rural, give LOCATION)
1 (0 days	2.(a) it veteran, name war.
How long in hospital or institution?	3. (b) Social Security Number
3. (a) FULL NAME	5. (b) Social Security Number
FIELD, Mildred Fearn S. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
1. 30.	
female white married	20. DATE OF DEATH. 1 February 1947 21.2:03 A m
6.(b) Name of husband or wite Richard Stockton Field 5.(c) It alive, give age years 7. Birth date of decessed (mo., day, w.) 8 December 1890	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 14 18 46 to 1 Feb. 19 47 and that I last ssw h. er alive on 1 Feb. 19 47. Immediate cause of death CReficular M. Cell Save
8. AGE: Years Months Days If less than one day	Immediais cause of death phomas of neok Carved lynge
56 1 23hrsmin.	Glandy & methas 14 fes to 3 months
9. Birthplace Washington, D. C. (Town, county, and state) 10. Usual occupation Housewife 11. Industry or business 12. Name Richard Lee Fearn	modes, helis of left Kidney modes, helis of left Kidney modes tungs. One lungs.
12. Name Richard Lee Fearn 13. Birthplace Washington, D. C.	
2 13. Birthplace Washing Books	and left lower tole of lung Recited Hy hothers
14. Malden name Eleanora Egerton 15. Birthplace Maryland Richard Stockton Field	Major findings af operations. Lymphomic of a ecry Date of op. 13/16/46
16. Informani Richard Stockton Field	A
Address Chevy Chase Club, Chevy Chase, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: It death was due to external causes, till in the following:
Burial, cremation, or removal, Which?) Date thereot. 2-3-117 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Arlington National	Whera did injury occur?
Location Arlington, Virgináa	Injured at home, farm, industry, public place (where?)
	Means of Injury Injured at work?
18. Funeral director Reuben Pumphrey	Coolas
Address 7557 Wisconsin Avenue, Bethesda	Md. C. OWENS, Ltodr. (MC) USNR
19. July 2 1947 man light Smith Smith (Date rec'd by registrar) Mary Charlotte Springer	23. SIGNATURE M. D. or other Address USNH Bethesda, Md. Date signed 2-2-47

PLEASE WRITE PLAINLY, WITH UNFADING INK Supply every item of information carefully. The struct age is especially important. Physicians, please write the causes of death clearly and legibly MARGIN RESERVED FOR BINDING

and the manufacture of the same RECEIVE tet 26 1947 P Sea S 2-73

production which the

The state of the s Park marketing or a

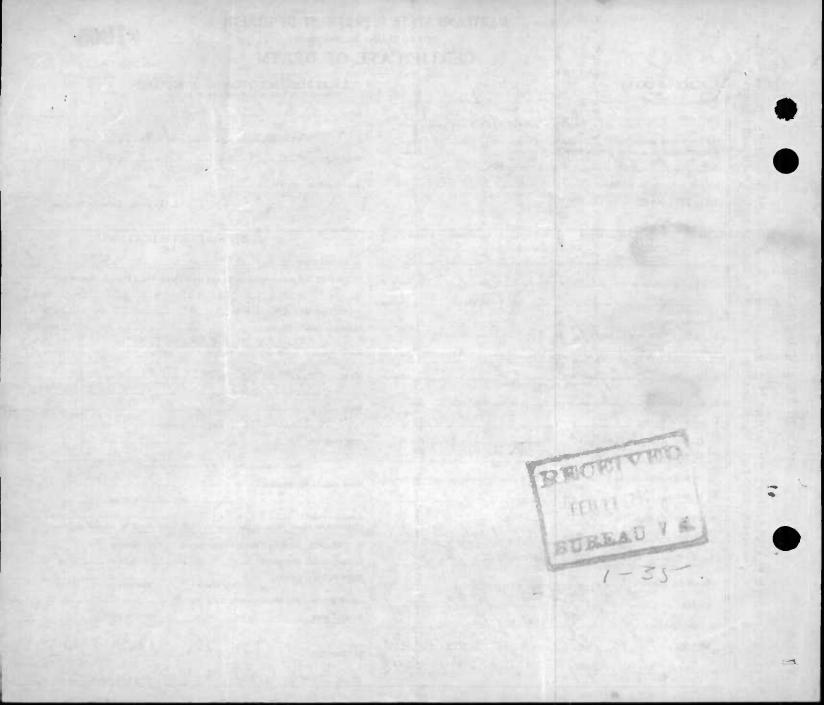
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 48-6



(11805 Reg. Diat. No. 2230

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	
City or town (If outside city or town limits, write RURAL and give nearest town)	State County
	City or town (ff outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
Hospital, Institution, or street address where death occurred:	Street No. 200 Dangles It
Task Santarium & Haspital	(If rural, give LOCATION)
How long in hospital or institution? 4	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
D 0 -	
Couth tugle	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
I. Alib	51 1ª 1050
7.1. It hits undamed	20. DATE OF DEATH. 726 8 19.47 a6 03 P M
6.(b) Name of husband or wife Cuan Jahan Fund	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
6.(b) Name of husband or wife	SEPT. 21 1946, 10 NAY 8 1847
7. Birth date of	and that I last saw h. E.R. alive on
deceased (mo., day, yr.) april 29, 1877	Immediate cause of death
8. AGE: Years Months Oays If less Ihan one day	INANITION - STARVATION 4 DAYS
69 10 22hrsmin.	
9. Birthplace Play (Town, county, and state)	Due to CARCINOMA OF THE
(Town, county, and state)	UTERUS. 2 YRS.
10. Usual occupation.	
	Due to
11. Industry or business	
12. Name unknown	Other conditions
12. Name Unknown 3. Birthplace Englant	
	(Include pregnancy within 8 months of death)
14. Maiden name Undergun 15. Birthplace Sugan A	
Dayland 1	Major findings of operations.
=1 15. birthplace	
18. Informani / Wagmana & ruge (2011)	Autopsy results
0 0 - 12 - 12 - 1	PHYSICIAN: Flease underline the cause to which death should be charged statistically.
Address 200 Douglas 2116 Many 2:06	22. VIOLENCE: If death was due to external causes, fill in the following;
17 Cemural Bate thereof 8/47	를 보고 있는 경기를 보고 있습니다. 그런 경기를 보고 있는 것이 되었습니다. 그런 그리고 있는 것이다. 그리고 있는
(Burial, cremation, or removal. Which?) Date thereof. (ponth) (uay) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
H11/1/12 12 11 2	
Location / WWW.4-1-	Injured at home, farm, industry, public place (where?)
mati M. Jusons Ca	Means of Injury Injured at work?
18. Funeral director	\mathcal{O}
Address 1300 n St. H. W. Halling love of f	Sill Hit max
Vale C CANIMA OF THE	43. SIGNATURE M.D. or other
19. TW. 1 19.067 7 1/10/11/10 WOUNT	
19. (Date rec'd by registrar)	Address Washington San. attap. Date signed 3/8/47



The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Montgomery	100
(If outside city or town limits, write RURAL and give nearest town)	State Mary County County
How long in above place of death? Q days	City or town S. 110. S. S. S. G. (1f outside city or town limits, wyte RURAL and give nearest town)
Nospital, institution, or street address where death, occurred:	Street No. 9405 Louis Aue.
Washing ton Son. Tarium & Hosp. tol	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Adelaide deevers Fuller	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female Cauc. Widowed-	20. DATE OF DEATH 9 6 21 19 47 21 5/20 Q. M
8.(6) Name of husband or wife ELLIS. J.	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
	2/6/ 1947 to 2/21/ 1947
7. Birth date of	and that I last saw h. Lell allye on 2/20/
deceased (mo., day, yr.) March 26 1883	Immediate cause of death Scirrhous Carcinona OURATION
8. AGE: Years Months Days If less than one day	of the Stomach
63 10 26min.	with with
8. Birthplace Win Chester Vir gania. (Town, country, und state)	Due to Generalized metastases 12
	to the hungs retroperitoreal most
10. Usual occupation. House w. fr	Oue to glands ovaries pancreas
11. Industry or business	land adjacent tissues
E 12. Name James Hamilton	Other conditions
13. Birthplace Winchester Va.	(Include pregnancy within 3 months of deuth)
# 14. Malden name Rebecca Susan Stricker	Major findings of operations.
14. Malden name Rebecca Susan Stricker 15. Birthplace Win Chester Va.	Date of on.
16 Interment Records - Washing ton Son Y Hosp.	Autopsy results. Oscabove
Address Takoma Park md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;
17 Kerloun L Date thereof Fee 27 1947 (Burlal, cremetion, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory MLT HEBRON	Where did injury occur?
Location WINCHESTER - FREDERICK Co - Va.	tnjured at home, farm, industry, public place (where?)
	Means of injury injured at work?
18. Funeral director Wave 6 bampkhovey	0 2 9 0 0
Address SILVER SPRING - NOTHER	23. SIGNATURE John St. Brownshinger
19. FEB 2 5 1947 19. FAISIMALION	M. D. or other
(Date ree'd by registrar)	Address Quale signed 2/2/1/1
	, the are med



MARYLAND STATE DEPARTMENT OF HEALTH

	2411	N.	Charles	St.,	Balt	more	(170	00
CFR'								

VAY	75	492
Reg.	Diat.	No. ass

ı		Reg. Diat. No.				
	1. PLACE OF DEATH: County Thirty Opening	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infantn give residence of mother)				
	(If outside city ortown limits, write RURAL and give nearest town)	State Many County Mondaming				
l	How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)				
ı	Hospital, Institution, or street address where death occurred:	Street No. 1518 Sammanage B.J.				
1	How long in hospital of institution?	(If rurai, give LOCATION) 2.(a) If veteran, name war.				
	3. (a) FULL NAME					
	Robert Joseph Gray.	3. (b) Social Security Number				
	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION				
	mace white single	20. DATE OF DEATH. Feb. 2 4 19.47 , 21/2:45 PM				
ı	6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from				
l		19				
l	7. Birth date of deceased (mo., day, yr.) Nov-1-1941	and that I last saw halive on				
l	8. AGE: Years Months Days If less than one day	Immediate cause of death OURATION				
	5 3 23hrsmin.	Conford Communical				
		Jashure of alask				
ı	9. Birthplace. WASHINGTON D.C. (Town, county, and state)	Nie to				
	10. Usual occupation Mode	P. 4				
	11. Industry or business	Due 10				
1	# 12. Name C WILLIAM GRAY	Other conditions				
	13. Birthplace CHARLOTTE N.C.					
	14. Maiden name MARIE STANNER.	(Include pregnancy within 3 months of death)				
l	LO CONTROL OF THE CON	Major findings of operations.				
I	2 15. Birthplace JOHN SON - MININ.	Oate of op				
-	16. Informant C. WILLIAM CARAY	Autopsy results				
	Address 1518 SEMINARY RO. SILVER SPRING-MD					
	17 JURIA L Oate thereof 7 (Month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide.				
1						
	Cemetery or eremetery. Rack CREEK.	(City or town) (County) (State)				
	Location WASHINGTON - DC	injured af home, farm, industry, public place (where?)				
	18. Funeral director Warner & bumphrey-	Means of injury Struck by auto injured at work? / ho				
	Address SILVER Springy MD. Off D	Frank J. Broschart m. J.				
	Fix V 47 / William N DAIL	23. SIGNATURE M. D. or other				
1	(Date rec'd by registrar) (Date rec'd by registrar) Registrar	Address Destates here pres Date signed 2 4 2 4 4 4				



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1		()1	80	8	
	Reg.	Diat.	No.	જે	1	6

1. PLACE OF DEATH:	(For newborn infants give residence of mother)		
County	State Laryland County Lontgomery City or town riendship D Lonrovia (If outside city or town limits, write RURAL and give nearest town)		
City or town			
Hospital, Institution, or street address where death occurred:	Street No.		
How long in hospital or institution?	2.(a) If veteran, name war. Orld ar		
3. (a) FULL NAME Willie S. Shay	3. (b) Social Security Number 214-16-7709		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male God, Single	20. DATE OF DEATH February 5 19 47, at Z: P: M		
8.(b) Name of husband or wife	2 CIT CERTIFY that death occurred on the date above stated; that tailended deceased from		
7. Birth date of deceased (mo., day, yr.) Oct 16. 1897	and that thist saw h. I.M. alive on Labouary 2 18 72		
8. AGE: Years Months Days If less than one day	Immediate cause of death Coronary Officeron DURATION OF TO MINNE		
49 3 21hrsmin.			
9. Birthplace	Due to Arteriosale o mi Cardinasaulas 5 years		
12. Name George L.C. Gray	Other conditions		
94 - 1949	(include pregnancy within 3 months of death)		
14. Malden name Elizabeth Taylor 15. Birthplace Hanyland	Major findings of operations. Date of op.		
18. Informant	Autopsy results		
Address Jonrovia ID. 17. Dirial Date thereof Feb. 8 th19. (Burlal, cremation, or removal. Which?) (month) (day) (year) Cemetery or crematory Priendship ID Location Ontcomery CO. 18. Funeral director Coy L. Barber	22. VIOLENCE: if death was due to external causes, fill in the following; Accident, sutcide, or homicide		
Address Leytonsville In Alla WB wrdi	23. SIGNATURE James P. Kerr M. D. or other / Address Dames Resp. M. Date signed 2 (7/47).		



correct age

2411 N. Charles St., Baltimore (57-2) CERTIFICATE OF DEATH

Reg. Dist. No. 216 |

he corr	1. PLACE OF DEATH: County Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. D.C County City or town Washington (If outside city or town limits, write RURAL and give nearest town) Street No. 116 6th St., N.E. Apt. 304 (If rural, give LOCATION)		
ion carefully 1 clearly and log	City or town Bethesda (rural) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 3 hours, 15 min. Hospital, Institution, or street address where death occurred: US Naval Hospital, Bethesda, Md.			
information of death ele	How long in hospital or institution? 3 hours 15 min. 3.(a) FULL NAME Baby Girl Haley	2.(a) It veteran, name war		
BINDING ry item of the causes	4. Set 5. Color or race 6.(a) Single, married, widowed, or divorced Female W-US 6.(b) Name of husband or wife 6.(c) If alive, give age years 7. Birth date of 7. 101.7	MEDICAL CERTIFICATION 20. DATE OF DEATH		
VED FOR Supply ever	7. Birth date of deceased (mo., dey, yr.) 8. AGE: Years Months Oays If less than one day	Immediais cause of death Anexcephalic DURATION		
RESER 5 INK.	B. Birthplace	Due to		
WITH ONFADING important. Physic	12. Name John F. Haley 13. Birthplace N.Y. 14. Maiden name Hilda Irene LaDuke 15. Birthplace N.Y.	Other conditions		
PLAINLY, W	16. Informant fa: Mr. John F. Haley Address 116th 6th St., N.E., Wash., D.C., Apt. 30 17. burial Oate thereof 2-8-17 (month) (day) (year)	Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the tollowing: Accident, suicide, or homicide		
9-45-15M WRITE PI	(Burial, cremation, or removal, Which?) Cemetery or crematory. Geo. Wash. Memorial Hyattsville, Md. Location. W. W. CHAMBERS W.A. Wackeau.			
A PLEASE	Address 1400 Chapin St., N. W. Wash. DeC. 19. 2-8 417 Mary Charlotte Smith (Date rec'd by registrar) Registrar			



MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940



CERTIFICATE OF DEATH

216

A. PLACE OF DEATH: County. Montgomery City or town. Bethesda (rural) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 4 days. Hospital, institution, or street address where death occurred: US Naval Hospital, Bethesda, Md. How long in hospital or institution? 4 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Pa. Couoty City or town (If outside city or town limits, write RURAL and give nearest town) 311 St. Thomas St. (If rural, give LOCATION) 2.(a) If veteran, name war. 2nd WW.		
3.(a) FULL NAME HALL, Guy Lewis	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced male W-US divorced	MEDICAL CERTIFICATION 2D. DATE DF DEATH 4 February 19 47 , at 8: P		
5.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 31 Jan 19 47 10 4 Feb 19 47 and that I last saw h im alive on 4 Feb 9 19 47 I mading cause of death 9 000 000 000 000 000 000 000 000 000		
8. AGE: Years Months Days If less than one day 33 O 13 hrsmin	Myorardial Infuction 5 days		
9. Birthplace Ohio (Town, county, and state) 10. Usual occupation Veteran	Due 10 COL: Art. selv		
11. Industry or business E 12. Name Gertrude Convery Dec. 13. Birthplace Penn.	Diher conditions		
14. Maiden name Alex Hall Dec. 15. Birthplace Penn.	Major fiediogs of operations		
16. Informant Aunt: Mrs. P. J. Hall Address 311 St. Thomas St., Gallitzin, Pa	PHYSICIAN: Please underline the cause to which death should he charged statistically.		
17. burial Date thereof 2-6-47 (Burial, cremation, or removal, Which?) (month) (day) (year) Cemetery or crematory St. Michael's Cemetery	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
Location Cresson, Penn. 18. Funeral director, W. W. CHAMBERS	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? USNR		
Address 1400 ChapinSt. N.W., Wash. D.C.	C. W. THOMPSON, Lt.Comdr. (MC)		
19. 2-5 19.57 Mary Charlotte Smit (Date rec'd by registrar)	Address USNH Bethesda, Md. Date signed 2-5-47		



VS A15

MARYI	AND	STATE	DEPARTMENT	OF	HEALTE
MINDI	ALTER	DIALL	THE ARTHURS	171	THEALT

2411 N. Charles St., Baltimore 9460

CERTIFICATE OF DEATH

	0121	1 6
	0101	1/0
Reg.	Diat. No.	42

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Monlgoning	State med County months
City or town	City or town Porles ville, TID
How long in above place of death?	(if outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Julius Hall	none.
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
morned married	20. DATE OF DEATH \$ 28 Rugs 16 + 1947 21 2 4 M
6.(b) Name of husband or wite Margaret	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
S (e) It alive give age 7 2 wears	DZ 1 T 1946 to Feb 16 194)
7. Birth date of deceased (mo., day, yr.) 26-1870	and that I last saw halive on
8. AGE: Years Months Days It less than one day	Immediais cause of dasth OURATION INFARCTION OF MYGCARDINU IHR
76 2 20nrsmin.	
9. Birtholace Poralesville, monta Co. M.	Due to Coponary Or Peroderous 10 years
(Town, county, and state)	
1D. Usual occupation.	Due to
11. Industry or business	
12. Name 13. Birthplace	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name. Sarah Strekenson. 15. Birthplace	Major findings of operations
2 15. Birthplace	Date of op.
18. Intermant hus falles tall	Autopsy results
Address Fireldoinle md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Berio Date thereof Del 18-47	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
17	
Cemetery or crematory	Where did injury occur?
Location Deale vella and	Injured at home, farm, Industry, public place (where?)
18. Funeral dispotor Walles 13 Hills	Means of Injury Injured at work?
Address Barres ille, med	23 SIGNATURE / flber 1. John, 113
tel-17 47/ hasbetel Copi	M. D. or other
(Date rec'd by registrar	Address CO PS Valle CAL Date signed



VS A15

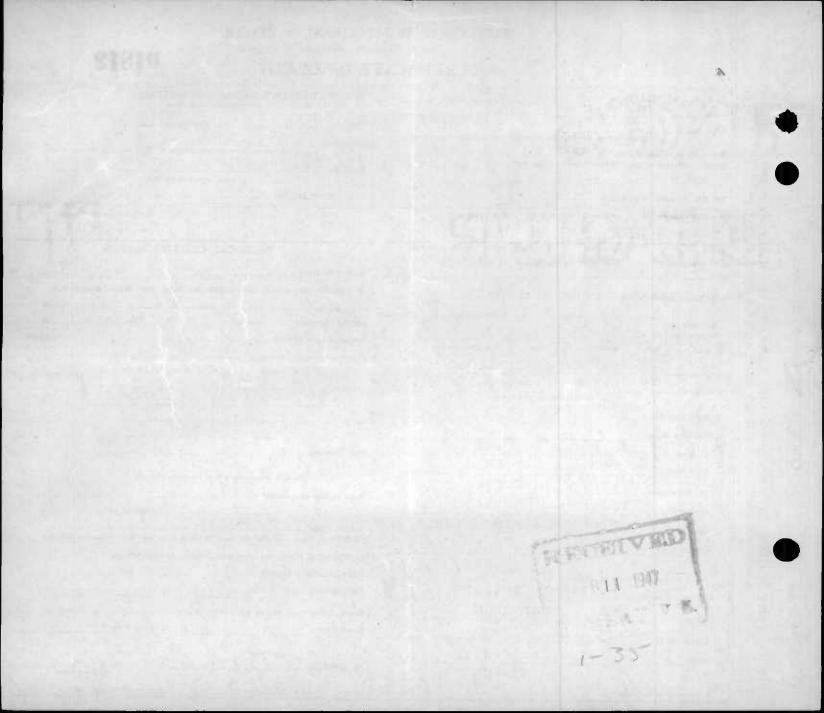
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

()1812 Reg. Dist. No.... 216

County	(For newborn infants give residence of mother) Maryland State		
hospital, institution, or street address where death occurred. 6702 - 46th Street How long in hospital or institution?	Street No. (If rurat, give LOCATION) 2.(a) tf veteran, name war		
3.(a) FULL NAME CHARLES ABRAM HARGETT	3. (b) Social Security Number 577-34-6936		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20, DATE OF DEATH.		
6.(6) Name of Multiple Clara A. Hargett 6.(6) Name of Multiple Clara A. Hargett 76 7. Birth date of deceased (mo., day, yr.) April 12, 1867	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19		
8. AGE: Years Months Days If less than one day	Immediate cause of death OURATION		
9. Birthplace Frederick, Frederick Co., Md. (Town, county, and state) Nurseyman 10. Usual occupation. 11. industry or business	Due to.		
12. Name Hiram Abram Hargett 13. Birthplace Frederick, Maryland Sophie Hildebrand	Other conditions		
Frederick, Maryland 15. Birthplace Frederick, Maryland 16. Informant Mrs. Charles Abram Hargett 6702 - 1.6th St. Charles Md.	Major findings of operations		
Burial Date thereof Feb. 7,1947 (Burial, cremation, or removal, Which?) Cemetery or crematory Mt.Olivet Cemetery.	22. VIOLENCE: tf death was due to external causes, fill in the following; Accident, suicide, or homicide		
Frederick, Maryland 18. Funeral director Address 7557 Wis. Ave, Bethesda, 14, Md.	Msens of Injury Msens of Injury Injured at work? Injured at work? Injured at work?		
19. 2/6 19. 4.7 Mm & John Registrar	23. SIGNATURE M. D. or other Address Starthen hand seed 5 4 7.		



2411 N. Charles St., Baltimore (61)

CERTIFICATE OF DEATH

Reg. Diat. No. 2.170

	Reg. Dist. 1405 ()
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Mary and My	(For newborn infants give residence of mother)
City or town	State County County
How long in above place of death?	City or town (If our side city or town limits, write RURAL and give nearest town)
Mospital, Institution, or street address where death occurred:	
mantgomery Cecenty Den Hass	Gilla Preet No. (If rural, give LOCATION)
How long in hospital or institution? I. & hard	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
my Rayal, Harp. SV	
4. Sex 5. Color or race 6.(a) Single, marked, widowed, or divorced	MEDICAL CERTIFICATION
male white Divorced	20. DATE OF DEATH. I elevery 17 19.47 at 5. a.
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	February 13 1847 10 Feb 17 1847
7. Birth date of 7. Bir	and that I last saw h / Ha ailve on
deceased (mo., day, yr.) Nov. 11, 1897	
8. AGE: Years Months Days If less than one day	DINUTE AUDIS C Coma 18 WS
54 3 6 mis	min.
9. Birthplace Tay the (Town, county, and state)	Due to Denostis mallitis 10 yrs
10. Usual occupation In Irchauti	Due to
11. Industry or business	
12. Navel acah Harps	Dither conditions Coulone homorhage / Wash
I 13. Birthplace med	
# 14. Maiden name Blaceh Jahusan	(Include pregnancy within 3 months of death)
14. Maiden name Shareh Johnson	Major findings of operations
1	
16. Informant Royal V Hurps gr.	Antopsy results.
Address blayton such	PHYS1CIAN: Please underline the cause to which death should he charged statistically.
0 101	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof 2 - 19 - 4 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory mt Vile	Where did Injury occur?
location alpha my	Injured at home, farm, Industry, public place (where?)
20 1/2 1/2/2011	Meene of Injury Injured at work?
18. Funeral director.	
Address Eller City My	23 SIGNATURE Charles S. Whitahe R.O.
Gel 18 Hy Shan Lunchen	M. D. or other
19. Fett. (Date rec'd by registrar) 19.47 The 10. Daving Mail	Address Clarks ville, Md. Bate signed 2-17-4;
- Rado-a	aw-co-

MARGIN RESERVED FOR BINDING

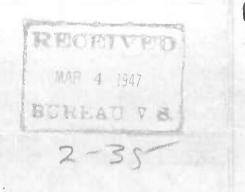
PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The caspecially important. Physicians: please write the causes of death clearly and legibly

9-45-15M

WRITE

PLEASÉ

VS A15



Personal address of the Ether

CANTEL THE SEAL STRANGE

Contractive and Paris 10 por

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

217

	Reg. Dist. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State Marylage County Later County City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred: Mail amen County Lew Kospit	Street No(If rural, give LOCATION)
How long In Mospital or Institution? 2 9 las 20 men	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race Stagle, married, widowed, or divorced fem.	MEDICAL CERTIFICATION 20. DATE OF DEATH February 13 1947 21 11 30 Q
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above efated; that I attended deceased from 19. 4.7. to 19. 4.7. and that I last eaw h 2 live on Fac 18. 4.7.
deceased (mo., day, yr.) Felt 2 12 1947 8. AGE: Years Months Days It less than one day 5 hrs. 2 0 min.	Immediais cause of death DURATION Rosmaturty /4/2 months 29 kg
9. Birthplace Oluly manufactors (Town, county, and atate) 10. Usual occupation.	Due to.
11. Industry or business	Due to
12. Name Cleffellie Henard 13. Birthplace Lemessee	Dither conditions
14. Maiden name Bannie Mae Davies 15. Birthplace Levessee	(Include pregnancy within 3 months of death) Major findings of operations.
DE 15. Birthplace Tennessee	Bate of op.
16. Informant to 20. Ple.	Antopsy results
Address 17 Burial (Burial, cremation, or removal, Which?) Date thereof. 2 14 47 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, euicide, or homicide
Cemetery or crematory	Where did Injury occur?
Location Control (1)	Injured at home, farm, Industry, public place (where?)
Address elleath City md.	Chales S. Whit Who - 15.0
19. 2-13- 1947 Gestude Fawl Registrar)	23. SIGNATURE M. D. or other

WRITE PLAINLY, WITH UNFADING NIK Supply every item of information carefully. Lee correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

NS

MARGIN RESERVED FOR BINDING



BINDING

FOR

MARGIN RESERVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 23

Address 9006 Colesville Rd. S. S. Date signed 2-14-47

7,61 CERTIFICATE OF DEATH Reg. Dist. No.... 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) County Montgomery State Ohio County Hamilton City or town..... Be the sda Cincinnati (If outside city or town limits, write RURAL and give nearest town) Hospital, institution, or street address where death occurred: Street No. Kemperlane Hotel Suburban Hospital (If rural, give LOCATION) How long in hospital or institution?......281 hours 3. (a) FULL NAME 3. (b) Social Security Number CLYDE L. HIRLEMAN none B.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION 20. DATE OF DEATH FEBRUARY 14th 19.47 at 5:25 DM male white widowed 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 6.(b) Name of BEDDer wife... Eva...B....Hirleman 6.(c) If alive, give age. 7. Birth date of Nov. 27, 1873 deceased (mo., day, yr.) DURATION if less than one day 8. AGE: 9. Birthplace....Pennsylvania (Town, county, and state) 10. Usual occupation... Technician...on .. Staff ... of ... Bureau 11. Industry or business of Internal Revenue 12. Name George W. Hirleman 13. Birthplace Pennsylvania (Include pregnancy within 3 months of death) 14. Maiden name... Anna... Garrison... Major findings of operations 15. Birthplace Pennsylvania 16. informant Samuel S. Harvey, nephew. PHYSICIAN: Please underline the cause to which death should be charged statistically Address 506 Miss. Ave., Silver Spring, Md. 22. VIOLENCE: If death was due to external causes, fill in the following: 17. Shipment and burial Date thereof Feb. 16, 1947. (Burial, cremation, or removal, Which?) (month) (day) (year) Accident, suicide, or homicide..... Cemetery MORNER Benton Cemetery Where did injury occur? (City or town) (County) Location Benton, Columbia County, Pa. Injured at home, farm, Industry, public place (where?) Injured at work? Means of injury Address Silver Spring, Maryland

Literates in a

9000

71

FEB 20 1947

2-35

mile spring to hat

ful inset main stell

GETTINUE.

mental at the section of the section

ancod

2411 N. Charles St., Baltimore (82)

CERTIFICATE OF DEATH

1	1)	4	0	4	0
4	0	J.	Ö	T	U

Reg. Dist. No. 223

information carefully. The cor of death clearly and lebibly.	1. PLACE OF DEATH: County City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street eddress where death occurred: The world in hospital or institution? 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
format f death	James D. Holland			
item of info	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Marke while Design	MEDICAL CERTIFICATION 20. DATE DF DEATH		
every ite the	6.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I ettended deceeeed from 19		
K. Supply: please wr	8. AGE: Years Months Days It less than one day 17	Due to.		
ADING INK Physicians: 1	1D. Usual occupation	Que to.		
H UNF	13. Birthplace Waker mf 14. Maiden name Carrie Mullius 15. Birthplace W- See	(Include pregnancy within 3 months of death) Major findings of operations.		
Y, V	16. Interment Dany La Cofficient Autoress 38/5 37 × 4 pet Rain md	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.		
E PLAINL is especia	17 Central Date thereof 7 1/4 (Surial, cremation, or removal, Which?) Cemetery or crematory Fort Lincoln Cemetery	22. VIOLENCE: It death was due to external ceuses, till in the tollowing: Accident, suicide, or homicide		
WRIT	Location 3201 Bladensburg, Rd. Bladensburg, M			
PLEASE	Address 3200-R. J. Gue. m. Romus Md. 19. (Date rec'd by registrar) 19. (Registrar)	23. SIGNATURE Address. Address. Date Signed 2-18. X.7.		

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED DEB20 1377 E T -- 10-1 7 8. 1200-119, was me, Mercus Merci 2-2230-1-16

PLEASE 1

rect age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (75-2)

01817

CERTIFICATE OF DEATH

Reg. Dist. No. 216

I. PLACE OF DEATH:				(For newborn infants give residence of mother)		
County Montgomery				State Va. County Arlington		
City or town Bethesda (rural) (If outside city or town limits, write RURAL and give nearest town)				Arlington		
				(If outside city or town limits, write RURAL and give nearest town)		
Hospital, institution,	or street addrese where	death occurred	:	street No. Apt. #3, 2424 North Sixteenth St.		
US Naval	Hospital,	Bethes	da, Md.	(If mirel give LOCATION)		
How long in hospital	or institution?]	. day	2.(a) 11 veteran, name war WW I		
3. (a) FULL NAM	AE.		y Augustus Chapma	3. (b) Social Security Number		
4. Sex	5. Color or race		, married, widowed, or divorced	MEDICAL CERTIFICATION		
male	W-US		married	20. DATE OF DEATH 27 February 19. 47 at 12:45		
2120000						
6.(b) Name of husban	d or wife	Addie H	OLFOU	21. I CERTIFY that death occurred on the date above etated: that I aftended deceased from 26 February 1917 to 27 February 1917		
		6. (c) If alive, give ageyears	and that I last eaw h im alive on 27 February 19 47		
7. Birth date of deceased (mo., day	20 1	lay 1890				
8. AGE: Yea	7	Days	It less than one day	Immediate caose of death		
	6 8	29	hrsmln.	Consestive Heart Pailure		
			1	Conscitive Acart Pail 42		
9. BirthplaceV.	(Town	county, and a	tate)	Due to.		
	Veterans	Adminis	tration	Chrodic cor pulmonals		
fD. Usual occupation			ton, D. C.	Due to Employsema.		
f1. Industry or busine	53					
里 12. Name Da	vid D. Hor	ton	dec.	Other conditione Bronchopneumonia		
12 Name David D. Horton dec. 13. Birthplace unknown 14. Malden name Mary Chapman dec.				Myocardiel infanction old		
				(Include pregnancy within & months of death)		
14. Maiden nami				Major findings of operations.		
	unknow			Date of op.		
16. Informant Wif	e: Mrs. Ad	die Hor	ton	Autopsy results Ch. Kanic Cor Palmonale		
Address Apt.	#3. 21,21	North S	Sixteenth St.	PHYSICIAN: Please ouderline the caose to which death should be charged statistically.		
ham	າລີ	Arlingt	ixteenth St.,	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, crematic	ial on, or removal. Which	Date there	(month) (day) (year)	Accident, suicide, or homicide		
			ional	Where did injury occur?		
Location Ar	lington. V	a	CY_4	Injured at home, farm, Indusfry, public place (where?)		
fB. Funeral director	W. W. CHA	MBERS	Q.M.	Meene of Injury Injured at work?		
	Courtena DC			My months		
	Ingan Hag the tenths			23. SIGNATURE C. W. THOMPSON, Lt.Cdr. (MC) USNR		
19. 2-27	19 47	Mary	Charlotte Smith	USNH Bethesda, Md. 2-27-47		
(Date rec'd by 1	registrar)		Registrar	Address		



2-2160 6-2-10

2411 N. Charles St., Ba

65

01818

eq.	DE	TH	I	D	D:	MI	2
	-		-	Keg.	Dint.	No.	

CERTIFICA	ATE OF DEATH Reg. Dist. No		
1. PLACE OF DEATH: County City or town. (If outside export own limits, write RURAL and give nearest town) How long in above piace of death? Hospital, Institution, or street address where death occurred: Classe How long in hospital or institution? Lew Minutes	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County District of C. City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) It veteran, name war.		
3. (a) FULL NAME Body boy Hottlel	3. (b) Social Security Number None		
4. Sex 5. Color or race 6.(a) Singly married, widowed, or divorced male white single	MEDICAL CERTIFICATION 2D. DATE OF DEATH. Sel. 6 1947. 417:40?		
8. AGE: Years Months Days If less than one day	21. I CERTIFY that death occurred on the date above stated; that I attended decessed from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.		
9. Birthplace Charge (Town, county, and state) 10. Usual occupation	Due to. Due to. Due to.		
11. Industry or business 12. Name Mulinovan 13. Birthplace Unknown 14. Malden name Rush Hottel	Dither conditions		
16. Informant Mary Co falire records	Major findings of operations. Oate of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address 17. Burial (Burial, cremation, or removal, Which?) Cemetery axcremation. Mt. Zion Church Cemetery	Die of base was To me		
Location Bethesda, Maryland 18. Funeral director. Wm. however lumphrey Address Bethesda, Maryland	fairred at home form Industry nublic place (where?)		
19. 7/2/ 18 47 9pm & John Color (Date rec'd by registrar)	23. SIGNATURE M. D. or other Address Jack Cate signed 2 10 - X		

WRITE PLAINLY, WITH UNFADING INC. Supply every item of information carefully. Ine correct age is especially important. Physicians: please write the causes of death clearly and legibly. RESERVED FOR BINDING MARGIN

VS A15

PLEASE



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 940

01819

CERTIFICATE OF DEATH

n	d	
	¥	20
	в	2 2
		.00

information carefully. The corror of death clearly and legibly.	1. PLACE OF DEATH: County Montgomery City or town Bethesda (rusal) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 1 month, 18 days Hospilal, Institution, or street address where death occurred: USNH, Bethesda, Maryland	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State D. C. Couety City or town Washington (If outside city or town limits, write RURAL and give nearest town) Street No. 1619 A Street, NE. Washington, D. C. (If rural, give LOCATION)		
on c	How long in hospital or instilution? 1 month, 18 days	2.(a) If veteran, name war. (b) (b) I		
ormati death	3.(a) FULL NAME HULL, Lewis (NII	3. (b) Social Security Number		
inf	4. Sex 5. Color of race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
DING em of causes	male white married	20. DATE OF DEATH Feb. 28 1947 21 9:00 P		
FOR BINDIN y every item o	6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from San. 1.0. 18.4.7. to 9:05 2/28 18.4.7. and that I last saw h.1.70. alive on 2/28 18.5.7.		
F wr	8. AGE: Years Months Days If less than one day 7	Immediais cause of death DURATION		
RESER G INK.	9. Birthplace Missouri (Town, county, and state) 10. Usual occupation Sumiter Proof Header	Due to Garay America Livela. Due to		
MARGIN INFADIN nt. Physic	11. Industry or business Southwest Service 12. Name George Hull 13. Birthplace Missouri	Dither conditions		
WITH U	14. Malden name Alice Von Schlipsey 15. Birthplace Missouri	Major fiadings of operations		
PLAINLY, is especially	16. Informant Mrs. Edna Hull Address 1619 A St, NE, Washington, D. C. 17. Burial Date thereof 3-1-1-17	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following;		
9.45.15M WRITE PL	(Buriai, cremation, or removal, Which?) Cemelery or crematory. Woodnere Cemetery	Accident, suicide, or homicide		
	Location Huntington, West Virginia 18. Funeral director W. W. Chambers Address 517 11th Street, SE, Washington, D.C.	Injured at home, farm, industry, public place (where?)		
VS A15	19. 7eb 28 19.47 man Charlotte Registrar	23. SIGNATURE C.W.THOMPSON, LCDR MC USNR M. D. or other Address USNH Betherle, Ind Date signed 2-28-4		

HF 8 4947 2-25

Manager of Tanger of the

2160

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT	OF	HEALTI
---------------------------	----	--------

2411 N. Charles St., Baltimore 93-d



CERTIFICATE OF DEATH

★ 01820 Reg. Dist. No. 2/3/

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County R & A # 3 + Resporte	State MARYLAND COUNTY MONTGOMERY
(If outside city or town limits, write RURAL and give nearest town)	City or town SILVER SPRING (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
Warrley Sentarium	Street No. 1539 NORTH FALKLAND LANE (If rural, give LOCATION)
How long in hospital or institution? Dept 27, 1946	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Maria Rest Johns	HOHE
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
remale wite wedowed	20. DATE OF DEATH 13 7 -6. 20P. M
6.(b) Hame of husband or wife Ernest & Oddings	21. I CERTIFY that death occurred on the date above stated; that tattended deceased from
0	3/ Dec- 1947- 10 /3 7-6- 1947
7. Birth date of	and that I last saw h. f. alive on 1874.
deceased (mo., day, yr.) R ACF. Years Months Days If less than one day	Immediate cause of death
o. AGL.	Caroline . Fasher Myrendial . 3 days.
85 3 6nrs. min.	degeneration
9. Birthplace Clastic Government and seated	Oue to Cardin Pacompenhan - 6 NO.
Retire a Loriseurle	a 7. 3 Hopeleman - 20 M
10. Usual occupation.	Due to.
11. Industry or business	Betwie solumi. 30 m.
12. Name Landown Co. Va.	Other conditions
14. Maiden name Relices Coleman Bellot	(Include pregnancy within 3 months of death)
14. Maiden name Relices Coleman Jellotte 15. Birthplace Marcyland	Major findings of operations.
2) 15. Birthplace 1. May Carlo - Densite	Orne Asse.
16. Informant	Actopsy results
Address 15 39/1 Palkland Kulver Jorning	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Bate thereof. (month) (day) (year)	Accident, suicide, or homicide
Cemetery of remains Woodsida Camatary	Where did injury occur?
1000 albring oner Md	tnjured at home, farm, Industry, public place (where?)
O, G, A	Meens of injury Injured at work?
18. Funeral director Warner & Gump Vocage	0110000
Address Silver Spring, md.	23. SIGNATURE John S. Paul M. J.
19. 2 et 22 19 47 Selly ge Surder	Address 79 36 Sangeton Rd. Dale signed 15 76 47.



2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

()1821 Reg. Diat. No. 2/60

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Montgomery	State Maryland County Montgomery
City or towa Bethesda, Maryland (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	City or town Carderock Maryland (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
MacArthur Blvd.	Street No. Bethesda, Maryland R.F.D. # 3.
How long in hospital or institution?	2.(a) If veteran, name war. None
3. (a) FULL NAME	3. (b) Social Security Number
Robert F. Senkins	517-22-3048
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH FL. 17/ 1947, at 3 p.
6.(6) Name of husband or wife Delia Roberts Jenkins	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from
	budien Examerica 65 and 19
7. Birth date of 2 to 2	and that I last saw halive oo
deceased (mo., day, yr.) October 2, 1888	Immediate cause of death
8. AGE: Years Months Days If less than one day	Coronary occlusion 1 day
59 4 15hrsmin.	
9. Birthplace Montgomery County Maryland (Town, county, and state)	Due to
10. Usual occupation Laborer	
11. Industry or business	Due to
	Differ conditions
	(Include pregnancy within 8 months of death)
質 14. Malden name Laura Grimes	Major findings of operations
2 15. Birthplace Louden, Va.	Date of op.
14. Malden name Laura Grimes 15. Birthplace Louden, Va. 16. (aforman) Mrs. Delia R. Jenkins	Actopsy results.
IV. MINIMENT	PHYSICIAN: Please nuderline the cause to which death should be charged statistically.
Address Carderock, Md. R.F.D. Bethesda	22. VIOLENCE: If death was due to external causes, fill in the following:
Burial Burial Bate thereof 2/20/47 (month) (day) (year)	Accident, suicide, or homicide
Gemetery or crematory. Potomac Church Cemetery.	
	Where did Injury occur?
Location Potomac, Maryland	Injured at home, farm, industry, public place (where?)
18. Funeral director Om Rechew Tumphrey	Means of Injury lojured at work?
Address Bethesda, Maryland	23. SIGNATURE G. J. Vacuer feed in
19. 2/68 1947 Ma 6 Johns	Suh, hed. Kauener gligo grader order

RECEIVED

FEE 26 1947

BUREAU V &

2 - 2 ---

2411 N. Charles St., Baltimore (193)

01822

Reg	Dist	No	

2160

CERTIFICATE OF DEATH

State. D. Coulty (or town. Cert outside try of two limits, write RURAL and give more town) Bow long in above just defense where death ecopyed: State. D. C.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or tenn. 1 (If centralize city of characters and approximate towers) How leag in above piace of dealth 2 A A AYY VA A AYY VA A Street lead to a street city of them family. write RURAL and give managed town) Street lead. 1 (If rural, give a LOCATION) 3. (a) FULL NAME 3. (b) Social Security Number 4. Sea	county Montgornery	50		
Now long in above piace of daily Carl ATY VA	City or town. Betheed Md.			
Street No. 19 to the street address where death occupred: Street No. 19 to the street address where death occupred: 3. (a) FULL NAME 3. (b) Social Security Number 4. Set	Haw loss to above since of death? Dead OM ANY VA	City or town	st town)	
Companies Continues Cont	Hospital, Institution, or street address where death occurred:	- 1 - 1		
3. (a) FULL NAME 4. Set 5. Color or race 6. (a) Singue, married, widowed, or divorced POPPA 2. Date of Beath 3. (b) Social Security Number MEDICAL CERTIFICATION MEDICAL CERTIFICATION 2. Date of Beath 3. (c) I sik, 7, a12:/0.P. M. 2. Date of Beath 3. (c) I sik, 7, a12:/0.P. M. 2. Date of Beath 3. (c) I sik, 7, a12:/0.P. M. 2. Date of Beath 3. (c) I sik, 7, a12:/0.P. M. 3. (c) Medical soccurred on the date above stated. that I attended deceased from 4. Set M. 4. Set M. 5. (c) If sike, give age	Submitant hosp			
4. Set S. Color or race (A.) Shingle, married, videwed, or divorced Seperal of Seperal o	How long In hospital or Institution?	2.(a) If veteran, name war	<i>V</i>	
4. Set S. Color or race (A.) Shingle, married, videwed, or divorced Seperal of Seperal o	3. (a) FULL NAME	3. (b) Social Security N	umber	
6.(b) Hame of sweeting or wife 5.(c) Hame of sweeting or wife 6.(c) If alive, give age 7. Sirth data of deceased (mm, day, w.) 8. AGE: Tears Monthel Days II leas than one day 19. Immediate cases of death 19. Im	Earl H. Johnson			
6.(6) Name of Swalling or wife 5.(c) If alive, give age 7. Sirth data of deceased (mon, day, m.) 8. AGE: Team Monthely Day II lear than one day 9. Birthplace 10. Usual occupation 11. Industry or buciners 11. Industry or buciners 11. Industry or buciners 11. Industry or buciners 12. Rame 13. Birthplace 14. Rame 15. Birthplace 16. (a) If alive, give age 17. Sirth data of death 18. Intermant 19. Birthplace 19. Birthplace 10. Usual occupation 11. Industry or buciners 11. Maiden name. DANCH CAY CAY 13. Birthplace 14. Maiden name. DANCH CAY CAY 15. Birthplace 16. (include pregnancy within 3 months of death) 17. Birthplace 18. Intermant 19. Birthplace 19. Autopay results 19. Autopay results 20. Date of op. Autopay results 20. Date of op. Autopay results 20. Cometery or cremation, or removal. Whichi) 19. Birthplace 10. Usual occupation 10. Usual occupation 11. Maiden name. DANCH CAY 12. Rame 13. Birthplace 14. Autopay results 20. Date of op. Autopay results 20. Date of op. Autopay results 20. Cometery or cremation, or removal. Whichi) 10. Usual occupation 11. Maiden name. Danch Cay 12. VIOLENCE: If death was due to external causes, fill in the following: 18. Funeral director. 19. Birthplace 19. Main industry, public place (where?) 19. Main industry, public place (where?) 19. Main of injured at home, farm, industry, public glace (where?) 19. Main or thories 19. Main of injured at home, farm, industry, public glace (where?) 19. Main of injured at home, farm, industry, public glace (where?) 19. M. D. or other	4. Sex 5. Color or race 6(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
20. Date of Dath. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from the decease	10	2/2/		
1. Birth date of the conditions of the conditions of death the conditions of d	THE CONTRACTOR OF THE CONTRACT			
1. Birthplace Discrepation Disc	6.(b) Name of several or wife			
1. Birthplace Discrepation Disc	6.(c) If alive, give ageyears	Jef her See 18 10 10	19	
8. AGE: Tears Monthly Days It less than one day Day	7. Birth date of	2nd that that cam it	19	
9. Birthplace. holli 3 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			DURATION	
Due to 10. Usual occupation 11. Industry or buciness 11. Maiden name 12. Rame 13. Birthplace 14. Maiden name 15. Birthplace 15. Birthplace 16. Informant 17. Supplementation, or removal. Whichi) 18. Informant 19. Date thereof 19. Cemetery or crematory 19. Cemetery or crematory 19. Location 10. Usual occupation 11. County (State) 12. Rame 13. Birthplace 14. Maiden name 15. Birthplace 16. Informant 17. Supplementation, or removal. Whichi) 18. Funeral director 19. Address 19. Supplementation, or removal. Whichi) 20. VIOLENCE: If death was due to external causes, fill in the following: 19. Accident, suicide, or homicide 19. County (City or town) 19. County (City or town) 19. County (City or town) 19. County (State) 19. County (City or town) 19. County (State) 19. County (City or town) 19. County (State) 19. County (City or town) 19. County (City or town	o. Ade.	- Albertage - Land	rally	
10. Usual occupation. Head of the following and atate) 11. Industry or buciness 12. Rame Print	nrs, min.	accededal	welfandle	
12. Rame Pland Difference Pland Differen	9. Birthplace	Due to		
11. Industry or Ducliness 12. Name		Due to		
14. Malden name Barches Carter Carter Major findings of operations. 15. Intermant Autopsy results. PHYSICIAN: Please anderline the cause to which death should be charged statistically. Address 3022-14 Of Medical Major (year) (Burial, cremation, or removal, Whichi) Date thereof (month) (day) (year) Cemetery or crematory (City or town) (County) (State) 18. Funeral director Means of injury occur? Means of injury of the following occur? Means of injury occur? Means occur occur occur occur occur occur occu			***************************************	
14. Malden name Barches Carter Carter Major findings of operations. 15. Intermant Autopsy results. PHYSICIAN: Please anderline the cause to which death should be charged statistically. Address 3022-14 Of Medical Major (year) (Burial, cremation, or removal, Whichi) Date thereof (month) (day) (year) Cemetery or crematory (City or town) (County) (State) 18. Funeral director Means of injury occur? Means of injury of the following occur? Means of injury occur? Means occur occur occur occur occur occur occu	E 12 Name Philip Johnson	Dither conditions		
14. Maiden name Blanche Crier 15. Birthplace Date of op.				
Autopsy results. Autopsy results. PHYSICIAN: Please anderline the cause to which death should be charged statistically. Autopsy results. PHYSICIAN: Please anderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Cemetery or crematory. Cemetery or crematory. Location. Location. 18. Funeral director. Autopsy results. PHYSICIAN: Please anderline the cause to which death should be charged statistically. Accident, suicide, or homicide. (City or town). (County). (County). (State). Mesns of injury. The following: Accident, suicide, or homicide. (City or town). (County). (State). Mesns of injury. The following: Accident, suicide, or homicide. (City or town). (County). (State). Mesns of injury. The following: Accident, suicide, or homicide. (City or town). (County). (State). The following: Accident, suicide, or homicide. (City or town). (County). (State). (State). Addrese. Addrese. Addrese. As a following: Accident, suicide, or homicide. (City or town). (City or town). (County). (State). (State). Addrese. Addrese. As a following: Accident, suicide, or homicide. (City or town). (City or town). (County). (State). (City or town). (City		(include pregnancy within 3 months of death)		
Autopsy results. Autopsy results. PHYSICIAN: Please anderline the cause to which death should be charged statistically. Autopsy results. PHYSICIAN: Please anderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Cemetery or crematory. Cemetery or crematory. Location. Location. 18. Funeral director. Autopsy results. PHYSICIAN: Please anderline the cause to which death should be charged statistically. Accident, suicide, or homicide. (City or town). (County). (County). (State). Mesns of injury. The following: Accident, suicide, or homicide. (City or town). (County). (State). Mesns of injury. The following: Accident, suicide, or homicide. (City or town). (County). (State). Mesns of injury. The following: Accident, suicide, or homicide. (City or town). (County). (State). The following: Accident, suicide, or homicide. (City or town). (County). (State). (State). Addrese. Addrese. Addrese. As a following: Accident, suicide, or homicide. (City or town). (City or town). (County). (State). (State). Addrese. Addrese. As a following: Accident, suicide, or homicide. (City or town). (City or town). (County). (State). (City or town). (City	14. Maiden name	Major findings of operations		
Address 3022-14 04 M. E. Hasse anderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Cemetery or crematory. Location. Location. 18. Funeral director. Address 1337-10 ft. When Washer C. Address 23. SIGHATURE. PHYStCIAN: Please anderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. City or town). County (State) Injured at home, farm, industry, public place (where?). Mesns of injury of injury of the county of the county of injury of injury of the county of injury of the county of injury	El 15. Birthplace hoursa, Val.	Date of op		
Address 3022-44 24 22. VIOLENCE: If death was due to external causes, fill in the following; 17. Burial, cremation, or removal. Which?) Cemetery or crematory. Location 18. Funeral director. Address 1337-10 fth Mushame Address 23. SIGNATURE. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. (City or town) (City or town) (City or town) (City or town) (State) Mesns of injury Takk 1- Bearchast M. D. M. D. or other	16 Interment Suchester Johnson Co	Autopsy results		
Date thereof State County Date thereof County Cou	Man 3022214 01 7.8 21-1. A		atistically.	
Cemetery or crematory. Location 18. Funeral director. Addrese 337-10 ftrill Washer C. Addrese 337-10 ftrill Washer C. Addrese 337-10 ftrill Washer C. 23. SIGNATURE. Means of injury occur? Means	B ' 0 3/9/117			
Cemetery or crematory Location Location 18. Funeral director Addrese Addrese 18. Funeral director Addrese Addre				
Injured at home, farm, Industry, public place (where?) 18. Funeral director. Lear 2 / Marray Addrese / 337-10 ftrill Washer 2. 23. SIGNATURE. Described M. D. or other		Where did injury occur?	State	
18. Funeral director Leon 2- Marray Means of injurgentaried high tentions withjured at works year Address 1337-10 ftm Washell 23. SIGNATURE Deportment M.D. or other	Cemetery of Crematory			
18. Funeral director 23 37-10 Strille Mashe DC. Addrese 1337-10 Strille Mashe DC. 23. SIGNATURE Description M. D. or other M. D. or other	Location	Massa of later Partainly high terstines which work was		
Addrese / 3 2 10 Strate Washer 23. SIGNATURE Def. Franks. Zram M. D. or other	18. Funeral director Leon Lillary	- 2		
23. SIGHATURE M. D. or other	Addrese 1337-10 Shelle Mashe DC.			
1 26 117 1100 (3 1000 100)	20 1 m & 0.0	23. SIGNATURE M. D. or	other	
	(Date rec'd by registrar) (Date rec'd by registrar)			



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 50 X CERTIFICATE OF DEATH

+01823 Reg. Dist. No. 2/30

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county family They	(For newborn infants give residence of mother)	
City or town to chrille and	State Maryand County Montgomery	
(If outside city or town limits, write RURAL and give nearest town)	175 400 00 0	
How long in above place of death?	(if outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred:	Street No.	
	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) It veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
thora Johnson	none	
4. Sex 5. Color of race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female Caffred Graned	20. DATE OF DEATH. Ech 25' 1947 1720 PM	
and the second	21/1CERTIFY that death ogcurred on the date above stated; that Lattended deceased from	
B.(b) Name of husband or wife		
6.8) It silve, give age 5.2 years	Tember 1946 10 - eh 2 3 19 4	
7. Birth date of deceased (mo., day, yr.) Q. Q. Q. Q. Q. J. 1894	and that I last saw h	
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION	
Cn III	Carerona of	
32 4min.	Breat	
9. Birtholace Front Royal Va.	Due to A Tarta	
(Town, county, and the)	771000000000000000000000000000000000000	
10. Usual occupation House Wife	Due to	
11. Industry or business		
12. Name Unknown	Other conditions	
	(Include pregnancy within 8 months of death)	
14. Maiden name. Un Know n	Major fiudings of operations	
15. Birthplace	Date of op.	
18. Informant Asbory Johnson	Autopsy results.	
Address Falls Rd. Rockuelle, Md.	PHYSICIAN: Please underline the cause to which death should he charged statistically.	
	22. VIOLENCE: If death was due to external causes, fill in the tollowing;	
(Burial, cremation, or removal, Which?) Date thereof Feb. 28 (1947) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide	
L. MCDIO FORK		
Cemetery to Sematory	Where did injury occur?	
Localion Nec Kville, Md.	injured at home, farm, industry, public place (where?)	
18. Funeral director Robert, W. Snow Den.	Means of Injury Injured at work?	
Address Rockville. Md.	(B) Harris	
0 0 0	23. SIGNATURE M. D. or other	
19. 2 - 2 9 19 4 7 Dath Land Luyde (Date rec'd by registrar) Registrar	Address Pro Joseph my Date storad 2/2 2/60	



ING INK. Supply every item of information carefully. The cysicians: please write the causes of death clearly and legibly.

age

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83b

CERTIFICATE OF DEATH

Reg Dist No 2161

01824

1. PLACE OF DEATH: County Montgomery City or town Bethesda (rural)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State D. C. County City or town Washington (If outside city or town limits, write RURAL and give nearest town) Street No. 5204 St. Barnabas Rd. S. E. (If rural, give LOCATION) 2.(a) It veteran, name war Spanish American War		
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 2 mos. 15 days			
How long in above place of death? How long in above place of death? How long in hospital or street address where death occurred: USNH, Bethesda, Maryland How long in hospital or institution? 2 mos. 15 days			
3.(a) FULL NAME	3. (b) Social Security Number		
KAISER, JOSEPH ANTHONY			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male white married	20. DATE OF DEATH 18 February 1947 at 3:25		
6.(b) Name of husband or wife Mrs. Edna Kaiser	21. I CEBTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date ot 7. Dog and 7. O.T.	and that I last saw h		
deceased (mo., dey, yr.) 21 December 1875	Immediaje cause of death OURATION 200 DO DO		
9. Birthplace Pennsylvania (Town, eounty, and state) 10. Usual occupation Retired 11. Industry or business	Oue to		
12. Name. Unknown 13. Birthplace Unknown	Other conditions		
14. Maiden name. Unknown 15. Birthplace Unknown	(Include pregnancy within 3 months of death) Major fiadings of operations		
16. Informant Mrs. Edna Kaiser Address 5204 St. Barnabas Rd.SE, Wash.	Autapsy results		
Burial (Burial, cremation, or removal, Which?) Date thereof. 2-20-47 (month) (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the following; Accident, suicide, or homicide		
Cemetery or crematory Arlington, National	Where did injury occur?		
Location Arlington, Virginia	Injured at home, tarm, industry, public place (where?)		
18. Funeral director, W. W. Chambers 23.	Means of Injury Injured at work?		
19. Feb. 18 1947 man Chalott lint	23. SIGNATURE M. D. or other		
19. February (Date rec'd by registrar)	Address USNH, Bethesda, Md. Oate signed 2/18/47		

3/2/12



2-2160 -2-10

2411 N. Charles St., Baftimore 93-2

CERTIFICATE OF DEATH

Reg. Dist. No. 2160

1. PLACE OF DEA				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County Montgomery				state Maryland county Montgomery			
City or town. Chevy Chase. (If outside city or town limits, write RURAL and give nearest town)							
How long in above place of death? 8 months		City or town	write RURAL and give nea	reat town)			
Hospital, Institution, or street address where death occurred:							
none		Streef Mo					
How long in hospital or institution?				2.(a) ff veteran, name war			
3. (a) FULL NAME					3. (b) Social Security	Number	
ELIAS DORSEY KING					None		
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CERTIFICATION			
Male	White	737.4	dowed	7.1. 21.		. T A.	
				20. DATE OF DEATH A. 19. L.T., at X A. 1			
6.(b) Name of husband o	Wattie.	.G.,		21. I CERTIFY that death occurred on the date above stated; that I attended deceased from			
6.(c) If alive, give ageyears		and that f last saw harm alive on the 25-1947 18					
7. Birth date of deceased (mo., day, yr.							
8. AGE: Years	Months	Days	I If less than one day	Immediate cause of death	1 . F .	DURATION	
8	5 4	3		Congestive Hear			
		Oue to Hyper Linsine					
9. Birthplaceinidal	9. Birthplace		Vesaulet disease		a		
fO. Usual occupation	Reti	red					
11. Industry or business				Use to	••••••		
12. Name John M. King 13. Birthplace Maryland				Other conditions Artirips alex	, sei		
Y 43 Birthniace No.	braland						
				(Include pregnancy within 8 m	onths of death		
1 1-0				Major findings of operations			
					Oate of op		
			orrey (Daughte:	Antopsy results	***************************************	0	
				PHYSICIAN: Pfease underfine the cause to which death should be charged statistically.			
Address /1 / ()	+ Meriv	ere ku	. Ch.Ch., Md.	22. VIOLENCE: If death was due to external caus	es, fill in the following;		
f7(Burial, cremation,	or removel Which	Oate there	eof(month) (day) (year)	Accident, suicide, or homicide			
			Cemetery	Where did injury occur?			
		-	119.				
18. Funeral director	J' Ken	hen	Tumphrey.	Means of Injury Injured at work?			
Address 7557	Wiscon	sin A	ve., Betherda,	Aid. Pro Bry	win have	i mas	
					M D	or other *	
f9. (Date rec'd by reg	strar) 19		Sp E John Egistrar	Address 2204- RM. hw M	Vuch Al Date signed.	2)26/4	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

9-45-15M

VS A15



WRITE

PLEASE

correct

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1790

CERTIFICATE OF DEATH

	U	1	0	2	f
-1					

Reg. Dist. No....

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
3. (a) FULL NAME	3. (b) Social Security Number		
Lym. Kina			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION /5		
m colored	20. DATE DF DEATH 2-10-47 19.47 at 7 A: M		
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
6.(b) Name of husband or wife	Les 18 10 19 19		
7. Birth date of Supering Supe	and that I last saw h. alive on Law Co. 19.		
deceased (mo., (ay, yr.) Dec., 3, 1886 8 ACF Years Months Days It less than one day	Immediate cause of death		
o. Auc.	W The all of A		
6Dmin.	Methyl alcohol gorning 1xhra		
9. Birthplace (Town, county, and state)	Due to.		
10. Usual occupation Laborer	Occidental Found a jug and drank don-		
	Due to tente cut R.		
11. Industry or business			
12. Name	Other conditions		
	(Include pregnancy within 3 months of death)		
14. Malden name	Major findings of aperations		
E 15. Birthplace	Date of op.		
16. Informant	Autopsy results		
Address	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
17 Burial Date thereof Feb 13, 1947	22. VIOLENCE: It death was due to external causes, till in the following:		
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide. Occident. Oate of		
Cemetery or crematory	Where did Injury occur?		
Location /2 ack welle, mid.	Injured at home, farm, industry, public place (where?)		
B & Simple	Msans of injury Injured at work?		
18. Funeral director 1 18 Rack all her	I hand I browhait M.S.		
Address 2 96 M. W ask M. Johnselle Med	23. SIGNATURE M. D. or other		
19. (Date rec' by registrar) 19 4.7 Was S Jolean Registrar	Address Bush Lang md Date signed 2-10-47.		



correct age

PLEASE VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-0

CERTIFICATE OF DEATH

01923 MV Reg. Dist. No. 2 4 50

Y. PLACEOF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Money mery	
City or town	State Manual County Manual County
How long in above place of death? Alcod on arrival	(if outside city or town limits, write RURAL and give nearest town)
Hospital, instilution, or street address where death occurred:	Street No. 31/2 Ma Conses Cive
Wash for Amiloun and Hosparia	(If rural, give LOCATION)
How iong In hospital or inditution?Alesal on analy	2.(a) If veteran, name war
3. (a) FULL NAME Ralph 4 3	3. (b) Social Security Number
4. Sex 5. Color or race (.(a) Single, married, widewed, or divorce	MENICAL CURT FICATION
male white Single	20. DATE DE DEATH. 16 19 47, 21 / 21 M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that tattended deceased from
7. Birth date of	and that t last saw halive on
deceased (mo., day, yr.) R ACE. Years Months Days It less than one day	Immediate cause of death
o. Aul.	Hemarkove and short
11 () () 123 hrsmin.	
9. Birlhpiace	Due to Fraction of Shares
1D. Usual occupation.	Due to.
11. Industry or business ((ace Horse;	
= 12. Name Thomas W Carl	Other conditions
12. Name Consort Conso	
# 14. Maiden name Denthay alexa allred	(Include pregnancy within 3 months of death) Major findings of operations
14. Malden name Landen and C.	Date of on.
71. (1) Ceale	Antony results.
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 8/12 Me Comas One.	22, VIOLENCE: If death was due to external causes, fill in the following:
17 Borla, eremation, or removal, Which?) Date thereot 1-6 19 1947. (Burial, eremation, or removal, Which?)	Accident, suicide, or homicide Communication Date of de-Y
Par De allow Malhordest Pole or la	Where did Injury occur? (City or down) (Comple) (State)
Cemetery or erematory Office of the Sun A.	(City or town) (Compt) (State)
Location Total Co- Visit Co- Visit	- n + 1 Ad. Land = 11 Mar. A
18. Funeral director Mane & Funghing	Means of Mines was to Carlle Mines a Work of the
Address Deling Spring mills	23. SIGNATURE
tel-20 47 James Severy	M. D. Frother
(Date ree'd by registrar)	Address - Date signed d-/6 4



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-0

CERTIFICATE OF DEATH

						-
Sec	9	Reg.	Dist.	No.	7	14

2. USUAL RESIDENCE (HOME) OF DECEASE: County		
State of the control		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Rev long in above piece of death? Rev long in above piece of death? Rev long in longited or institution? 3. (a) FULL NAME 3. (b) Social Security Number Beauto 4. Sex 5. Eate or rece 6. (c) Sangis, married, videwed, or divorced MEDICAL CERTIFICATION 20. Bate of beath death	City or town (If outside city or town limits, write RURAL and give nearest town)	0 110
Street Ro	How long in above place of death?	(if outside city or town limits, write RURAL and give nearest town)
3. (d) FULL NAME 4. Set 5. Color or race 6. C		
4. Sex 5. Color of race 6. (a) Singh, married, widowed, or divorced MEDICAL CERTIFICATION 20. Date of DEATH 19. 4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	How long in hospital or institution?	2.(a) If veteran, name war
8. (6) Hame of husband or wife. 8. (c) If alive, give ago 8. (c) If alive, give ago 9. Birth date of deceased (mo., day, yr.) 8. AGE: Tears Months 19. J.	3. (a) FULL NAME Lewis Hoyt Samb	3. (b) Social Security Number 579-18-9746
8. (6) Name of husband or wife Soltin Province Solicit alive, give age Solve States that I attaged deceased from Solicit alive, give age Solve States that I attaged deceased from 19. J. I CERTIFY that death occurred on the date above stated: that I attaged deceased from 19. J. I CERTIFY that death occurred on the date above stated: that I attaged deceased from 19. J.	4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
2. Birth date of secesared (mo, day, yr.) 8. AGE: Vears Months Bays If less than one day 9. Birthplace Crown, country, and state) 10. Usual occupation. 11. Industry or business 11. Burthplace 12. Name 13. Birthplace 14. Maiden oams. 15. Birthplace 16. Intermant 16. Intermant 16. Intermant 16. Intermant 16. Intermant 17. Sinch date of secesared (mo, day, yr.) 18. Interplace 19. Sinch place 19. Sinch place 11. Industry or business 11. Name 12. Name 13. Birthplace 14. Maiden oams. 15. Birthplace 16. Intermant 17. Sinch place 18. Interplace 19. Sinch place 19. Sinch pla	m w manuf	9, 701- 117 9:40P
7. Birth date of deceased (mo. day, yr.) 8. AGE: Vears Months Day If less than one day 9. Birthplace Months Day If less than one day 10. Usual occupation Months Day Months 11. Industry or business 11. Industry or business 12. Rame Major business 13. Birthplace Major business 14. Major oame Major fendings of operations 15. Birthplace Major fendings of operations 16. Informant Major fendings of operations 17. Commetery or crematory Major fendings of operations 18. Funeral director Major fendings of operations 19. Address Major fendings of operations 19. Address Major fendings of operations 10. Usual occupation Major fendings of operations 11. Industry or business 12. Rame Major fendings of operations 13. Direct of op. 14. Major fendings of operations 15. Birthplace Date of op. 16. Informant Major fendings of operations 17. Commetery or crematory Major fendings of operations 18. Funeral director Major fendings of operations 19. Address Major fendings of operations 19. Major f	6.(b) Name of husband or wife Lotte Inches	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Vears Months Days If less than one day If less than one	S.(c) If alive give age.	19.7to
8. Birthpiace 10. Usual ocception. 11. Industry or business 12. Name. 13. Birthpiace 14. Maiden oame. 15. Birthpiace 16. Informant Address 17. Cemetery or cremator, or regional. Which? 17. Cemetery or cremator, or regional. Which? 18. Funeral director actions of the state of the	7. Birth date of 12 1 1000	
9. Birthpiace (Town, country, and state) 10. Usuat occupation (Town, country, and state) 11. Industry or business 12. Name (Include pregnancy within 3 months of death) 13. Birthpiace (Include pregnancy within 3 months of death) 14. Major findings of eperations. 16. Informant (Buring) (Buring) (Buring) (Buring) (Buring) (Buring) (Buring) (Buring) (Buring) (Cemetery or crematory, or regions) (Which?) 17. Cemetery or crematory or regions (Which?) 18. Funeral director (Line and crime the case to which death should be charged statistically. 19. Address (City or town) (Country) (State) 19. Address (Injury occur? (City or town) (Country) (State) 19. Address (Injury Occur? (City or town) (Country) (State) 19. Address (Injury Injured at work?	8. AGE: Years Months Days If less than one day	
9. Birthplace (Town, county) and state) 10. Usuat occupation. 11. Industry or business 12. Name. 13. Birthplace (Include pregnancy within 3 months of death) Major Endings of operations. 14. Maiden oame. 15. Birthplace 16. Informant. Address 17. Cemetery or crematory, or regnoval. Whileh?) Cemetery or crematory. Location Washington County Location Wa	66 1 20hrsmin.	
12. Name 13. Birthplace 14. Maiden came. 15. Birthplace 16. Internant Address 17. Bartenant 18. Funeral director Address 19. All Analysis of perations (Include pregnancy within 3 months of death) Major findings of operations (Include pregnancy within 3 months of death) Major findings of operations (Include pregnancy within 3 months of death) Major findings of operations (Include pregnancy within 3 months of death) Major findings of operations (Include pregnancy within 3 months of death) Major findings of operations (Include pregnancy within 3 months of death) Major findings of operations (Include pregnancy within 3 months of death) Major findings of operations (Include pregnancy within 3 months of death) Major findings of operations (Include pregnancy within 3 months of death) Major findings of operations (Include pregnancy within 3 months of death) Major findings of operations (Include pregnancy within 3 months of death) Major findings of operations (Include pregnancy within 3 months of death) Major findings of operations (Include pregnancy within 3 months of death) Major findings of operations (Include pregnancy within 3 months of death) Major findings of operations (Include pregnancy within 3 months of death) Major findings of operations (Include pregnancy within 3 months of death) Major findings of operations (Include pregnancy within 3 months of death) Major findings of operations (Include pregnancy within 3 months of death) Major findings of operations (Include pregnancy within 3 months of death) Major findings of operations (Include pregnancy within 3 months of death should be charged statistically. 22. VIOLENCE: If death was due to exteroal causes, fill in the following: Accident, suicide, or homicide. Macident, suicide, or homicide. Macident, suicide, or homicide. Macident, suicide, or homicide. M	9. Birthplace (Town, county) and state)	hh 12/12/1/2 12/20
Bither conditions 12. Name 13. Birthplace 14. Maiden oame. 15. Birthplace 16. Informant 16. Inform	10. Usual occupation. I harmoniculat	Bue to
14. Maiden oame. 15. Birthplace 16. Intormant Address 17. Bureautor, 18. Internation, or regoval. Which?) 19. Address 19. Addres	11. Industry or business	
14. Malden oame.	-	Dther conditions
16. Intermant Address 17. Butted 18. Intermant (Durini, eremation, or removal. Whieh?) Cemetery or crematory Location Location 18. Funeral director Address	13. Birthplace	(Jududa programmy within 2 months of doubt)
Actors Selver Spring Medices PHYSICIAN: Flease noderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to exteroal causes, fill in the following; Accident, suicide, or homicide		
Address PHYSICIAN: Flease numberline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	El 15. Birthplace	Date of op
Address Address Address Accident, suicide, or homicide. Cemetery or crematory. Location Location Address Address	16. Interment 2000 I. Dr. Jamb	Autopsy results
17. (Burial, eremation, or regional. Which?) Cemetery or crematory. Location Washington Location Washington Accident, suicide, or homicide. Where did injury occur? (City or town) (Connty) (State) Injured at home, farm, Industry, public place (where?) Means of injury Injured at work? 23. SIGNATURE. M. D. or other	Address Selver Spring mid	
Cemetery or crematory. Sleuwork Genetary Location Washington 18. Funeral director Ital Address 240/4244111. Address 240/4244111. 19. Are thing to be a shapeful to the state of the st	(Burial, eremation, or reproval. Which?) Bate thereof. 244 (month) (day) (year)	
Injured at homo, farm, Industry, public place (where?) 18. Funeral director The Means of injury Means of injury Injured at work? 19. Address 19. 7. The phine is a blood of the man of injury 19. Address 19. 7. The phine is a blood of the man of injury 19. Address 19. 7. The phine is a blood of the man of injury 19. Address 19. 7. The phine is a blood of the man of injury 19. Address 19. 7. The phine is a blood of the man of injury 19. Address 19. 7. The phine is a blood of the man of injury 19. Address 19. 7. The phine is a blood of the man of injury 19. Address 19. 7. The phine is a blood of the man of injury 19. Address 19. 7. The phine is a blood of the man of injury 19. Address 19. 7. The phine is a blood of the man of injury 19. Address 19. 7. The phine is a blood of the man of injury 19. Address 19. 7. The phine is a blood of the man of injury 19. Address 19. 7. The phine is a blood of the man of injury 19. Address 19. 7. The phine is a blood of the man of injury 19. Address 19. 7. The phine is a blood of the man of injury 19. Address 19. 7. The phine is a blood of the man of injury 19. Address 19. 7. The phine is a blood of the man of injury 19. Address 19. Addres	510	Where did injury occur?
Address 240/ 49 KF 11 N. 19. Feb 2 19. Y. 2 mething in Shaether 23. SIGNATURE. William D. Out M. D. or other M. D. or other	Location Washington	
19. Jeb 2 19. 47 meeking in Shaestle 23. SIGNATURE.	18. Funeral director Like S. The Tylyapur Ce	Means of Injury Injured at work?
19. Jeb 2 19.47 meekling by Schaeffe 00 12 Storage med M. D. or other	Address 2401 149-KFM.	William D. aus m. D
	19. Jet 2 19 47 Josephine n Shaeffer	les Shrine med M. D. or other

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED

FEB 4 1947

BUREAU VA

March State Manager and State Comment

579-18-8746

2 Fat- 47 PHF

Contract themeson on my the

March Little Land

19 20 Dear He willow and

the standards

Markey to the same

Transact P

whole of my tool

" Open I to down

7000

Land Total Sound

of the James of the

1-35

William D. Gerel mil

MARGIN-RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore 163-78

CERTIFICATE OF DEATH

1. PLACE OF DEATH:					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town Bethesda, Mary Land (If outside city or fown limits, write RURAL and give nearest town)					State Mary Land Count	Montgomers	7
(If ou	tside city or town li	mits, write R	URAL and give nearest town)	City or iown Bethesda, Ma:		
How long in above place o	death?	years					
Hospital, institution, or s			esda. Maryla	nd	Street No. 7024 Wis. Ave. (If rural, give	. Bethesda,	Maryland
			><\d.\d\d\d\d\d\d\d\d\d\d\d\d\d\d\d\d\	LAA.M	2.(a) II veteran, name war World	War TT	
How long in hospital or i	nstitution?				Z.(a) II veteran, name war		**
3. (a) FULL NAME	Cly	de "	Martin	i		3. (b) Social Security 579-07-757	
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced		MEDICAL CE	ERTIFICATION	
Male	White	Mar	ried		20, DATE OF DEATH Jela 1.	J19.5⁄7	11/00 A. W
6.(b) Name of husband o	wife Helen	Herm	anson Martin	1	21. I CERTIFY that death occurred on the date abo		
			t) If alive, give age28		Def med Eran	to	19
7. Birth date of	August	31	1015		and that I last saw halive on	a case	
deceased (mo., day, yr. 8. ÅGE: Years	Months	Days	tf lese than one day		Immediair cause ul death	ellin	DURATION
31	5	15	hrs.	min.	adel		1
9. Birthplace Ca.	rthage.	N.C.			Duy since		2
					<u> </u>		E.
1D. Usual occupation	Chel, 1	asty	Diner		Due to		7
11. Industry or business							
12. Name	ee O. Ma	tin			Dther conditions		
	Charlott	e. N.	C.		(Include pregnancy within 8 n	, , , , , , , , , , , , , , , , , , ,	
14. Maiden name	Anna M.	Simp	son				. A
	Jnknown				Major findings of operations		
		••					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
16. Informant M.T.	sHelen	H. M	artin		Autopsy results	nich death should be charged	statistically.
Address 7024 Wis. Ave. Bethesda, Md.					22. VIOLENCE: tf death was due to external cap		
Ruris 2/17/17					Accident, suicide, or homicide		15-47
					Where did Injury occur?		
Cemetery or crematory Arlington National Cemetery							
Location Ar L	ington,	Va.			tnjured at home, farm, industry, public place (wh		
18. Funeral director Um Reuben Tumphrey					Meane of Injury	Injured at work?	
Address Beth			- //	1	Thank h /2	worked m	
0/				1	23. SIGNATURE	Etam. M. D.	or other
19. 2/15 19.47 7m E Joles (Date réc'd by registrar) Registrar					Address Gartherburg		2-16-42

FEB 20 1947 BURKAU V A 2-35

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH



2411 N. Charles St., Baltimore (REP)X

Reg. Dist. No. 276

I. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town(If a	Beth outside city or town li		RAL and give nearest town)	State Maryland County Margarian City or town Re the ada (If ontside city or town limits, write RURAL and give nearest town)		
	r streef address where			Street No. 512 Park Lane		
	or Institution?			2.(a) If veteran, name war.		
3. (a) FULL NAM		RMA Mc	DERMOTT	3. (b) Social Security Number		
4. Sec	5. Color or race	6.(a) Siegle,	married, widowed, or divorced	MEDICAL CERTIFICATION		
Female	White		Widowed	20. DATE OF DEATH February 22, 1947 at 12: The		
			McDermott	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of deceased (mo., day,)			tf alive, give ageyears 3. 1877	and that I last saw to Challed on 2/2/		
8. AGE: Years		Days 9	tf less than one dayhrsmin.	Immediate cause of death DURATION DURATION		
	Housew		st Virginia	Bue to Carlingson of the Bladder with Bue to wilespread metostates		
13. Birthplace	Charlesto	on. We:	rland st Virginia	Other conditions		
	Ellen Das	shiell		(Include pregnancy within 3 months of death) Major findings of operations.		
# 15. Birthplace	Nell D. N	IcDerm	ott	Antopsy results		
Address 512	Park Lar	ne. Be	thesda, Md. 2/25/47 (month) (day) (repr)	PHYStCIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
Cemetery or cremato	on al	m	Lan Gar	(City or town) (County) (State)		
18. Funeral director	of N N	ines	Co.	Means of injury injured at work?		
Address 290	1-14th	st.N.u	Wash Dc.	23. SIGNATURE. Trank Jaggers U.D. M. D. or other Address SO Ko Deorge Free 12 Pate stand 2 122/4		
(Date rec'd by re	gistrar)		Register	Address & Co Decough & Date signed 1. Address Bell & had		

DEPARTMENT STATE DECASINEST OF MEALTH

CERTIFICATE OF DEATH

SOLVER BUT DE LANGUE MUNICIPALITATION

1-35

RECEITED

FEB 26 1947

BURLAU V 8

to Digital Section of the of the

01830

2411 N. Charles St., Baltimore (37-6)

	CERTIFICAT	TE OF DEATH Reg. Diat. No. 216			
	Ounty Montgomery City or town Bethesda (rural) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 53 days Hospital, institution, or street address where death occurred: USNH, Bethesda, Maryland How long in hospital or institution? 53 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Pa County Centerville City or town (If outside city or town limita, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 1.5.1 W			
	3. (a) FULL NAME MEAD, Ernest Roy	3. (b) Social Security Number .			
	4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced widowed	MEDICAL CERTIFICATION 20. DATE DF DEATH 21 February 19 47 21 11:155			
	6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I aftended deceased from 30 Dece 19.46 to 21 Feb. 19.47 and that I last saw h im alive on 21 February 19.47 Immediate cause of death. DURATION			
	8. AGE: Years 66 4 3 If less than one day	Bue 10 Prostatectory: for lonign zwelle.			
	10. Usual occupation	Dus to. Dither conditions followed by a fatal pulmonary em-			
	14. Maiden name Elenora Maxson 15. Birthplace Pennsylvania	(Include pregnancy within 3 months of death) Major findings of operations. Date of op.			
	16. Informant Mr. Samuel Mead Address Centerville, Pennsylvania 17. Burial 2-26-17 (Burlal, cremation, or removal, Which?) Date thereof (month) (day) (year)	PHYSICIAN: Please anderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the tollowing: Accident, suicide, or homicide			
	(Burlal, cremation, or removal, Which?) Cemetery or crematoryArlingtonNatCemetery LocationArlingtonVa	Whers did injury occur?			
	18. Funeral director	23. SIGNATURE C.W. THOMPSON LCDR MC USNR M. D. or other LUCAULI Porthogodo Md 2222-17			
1	(Date rec'd by registrar) Registrar	Address USNH Bethesda, Md. Bate signed 2-22-47			

RESERVED FOR BINDING MARGIN ING INK. Supply every item of information carefully sicians: please write the causes of death clearly and

PLAINLY, V

WRITE

A PLEASE V

correct age



2 = 2160 - 2 - 10

MARYLAND STATE DEPARTMENT OF HEALTH

PLEASE WRITE PLAINLY, WITH UNFADING INF. Supply every item of information carefully. The correst is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

Reg. Dist. No. 7140

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) UF DECEASED: (For newborn infants give residence of mother) State		
3. (a) FULL NAME Stigatest Milen.	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced W Hidowel	MEDICAL CERTIFICATION 20. DATE DF DEATH 18. 4.7. 21. 3:50 M		
8. (b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1. 00. 9. 4.6. to 7. 6. 19. 4.7. and that I last saw h. 20. alive on Dec. 5 19. 4.6. Immediate cause of death. Conon any Thronboses 4 decays.		
9. Birthpiace (Town, county, and state) 10. Usual occupation (Town, county, and state) 11. industry or business 12. Name (Town, county, and state) 13. Birthplace (Town, county, and state)	Due to		
14. Maiden name All A. Last State Tour State Sta	Major findings of operations		
Cemetery or crematory Allies Daniel Belg 18. Location Address 254 Carrell Sh - Jatyme Var. 19. Daniel By receiving 19. Registrary	Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of Injury Injured at work? 23. SIGNATURE Land J. Canoll M. D. or other Address 6801-67 h St. N. W. Wash D.C. 2/26/47		

by Dr. Broschart.
Medical examiner.

I fek. 76-1947

FEB 28 1947
BUREAU V 3

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 470 X



01832

CERTIFICATE OF DEATH

216 /

1. Place of DEATH: County Montgomery City or town Bethesda (rural) City or town			
3. (a) FULL NAME	3. (b) Social Security Number		
MILES, Herbert Richardson 4. Sex 5. Color or race 8.(d)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male W-US married	20. DATE OF DEATH 12 February 1947 , 10:40PM		
8.(b) Name of husband or wife Mrs. Ida E. Miles 6.(c) If allve, give age years 7. Birth date of deceased (mo., day, yr.) Feb. 1, 1908	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12 Feb. 1947 and that I last saw h im alive on 12 Feb. 1947 timmedia: cause of death. Sumcla gallic Concust DURATION		
8. AGE: Years Months Days It less than one day 39 0 77	mas our less upper love - with		
9. Birthplace Washington, D. C. (Town, county, and atate) 1D. Usual occupation Agriculture Dept. 11. Industry or business 12. Name Herbert R. Miles Md.	Due to		
14. Maiden name Mary E. Greaser 15. Birthplace Md. 16. Intermant Wife: Mrs. Ida E. Miles Address 5408 Earlston Drive, Westgate, Md.	Major findings of operations. Which of our addition of the parties of operations. Which are additional many of the control of		
burial Date thereof 2-15-17 [Burial, cremation, or removal. Which?] Cemetery or crematory Arlington National Location Arlington, Va.	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
18. Funeral director. Reuben PUMPHREY Address 7557 Wisconsin Avenue Bethesda, Md. 19. 2-12 (Date rec'd by registrar) Registrar Registrar	Means of Injury tnjured at work? E.N. WEAVER, Lt.(jg)(MC) USNR 23. SIGNATURE USNH Bethesda, Md. Address Date signed Date signed		

FEB 26 1947
BUREAU
3

2=2160 = 2-10

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

1	h	-6	0	9	1
1	į.	- 6	8	3	
4		di	1	U	U

	1. PLACE OF DEATH: County Tai Y and (If outside city or town limits, write RORAL and give neapest town) How long in above place of death? Hospital, institution, or streef address where death occurred: How long in hospitat or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infaits give pesidence of mother) State
	3. (a) FULL NAME	
	Sarole Jager Miles	3. (b) Social Security Number
lľ	4. Sex 5. Color or race b.(Q)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
	I h. Mars	20. DATE OF DEATH. 2/2/ 19.4.7. at // P. M
	6.(6) Name of husband or wife 3 follows P. Mile -	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
I		10 f 1 / 1946 10 P / 2/ 19 47
	7. Birth date of deceased (mo., day, yr.) 4/6/1878	and that I last saw h. Z. alive on
H	8. AGE: Years Months Days If less than one day	Immediate cause of death
	68 2 2hrsmin.	Tenno montroes 30 me
	9. Birthplace	Due 10 Den allerio Soleron S
	10. Usual occupation	Due fa
H	11. Industry or business	PUC 14
	12. Name	Dther conditions
II	₹ 13. Birthplace	
	14. Maiden name Multiplace Multiplace	(Include pregnancy within 3 months of death)
	15. Rirthplace	Major findings of operations.
	m. 63.0 80	
	16, Informant	Autopsy results
	Address Landent Might 5 1947	22. VIOLENCE: If death was due to external causes, fill in the following:
	(Burial, cremation, or removal, Which?) Date thereof	Accident, suicide, or homicide
	Cemetery or crematory Bustinstylle Usun	Where dld injury occur?
	Location Gustonsville Mayeland	Injured at home, farm, industry, public place (where?)
	18. Funeral director Name & Lumphred	Means of injury Injured af work?
	Address Silver Spring FMI.	Ama 1
	10 2-3 1047 Settudes. Lawler	23. SIGNATURE M. D. or other
	(Onte rec'd by registrar) (Onte rec'd by registrar) (Registrar)	Jande Shing mh 2/184/17

reference of the programs

26 maple

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH



(1834) Reg. Dist. No. 214

1. PLACE OF DEATH: MONT.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	Slate County County
How long in above place of death?	(if outside city or town limits, write RURAL and give nearest sown)
Hospital, Institution, or street address where death occurred:	Street No. 2820 Custin Kel
How long in hospital or institution?	(If rurai, give LOCATION)
3.(a) FULL NAME	2.(a) If veteran, name war.
(ANNIE) ANNA GAWLER	MONROE 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Divorced	20. DATE DE DEATH 7 ebruary 4 19 47 2730 9 M
6.(b) Name of husband or wife 14 4 6 1 0 N R O E	21. I CERTIFY that death occurred on the date above stated; hat I altended deceased from
	January 10 45, 10 February 19 47
T. Birth date of deceased (mo., day, yr.) Dec 15- 1861	and that I last saw h. C. V. alive on telruary 3 1947
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
8 5hrsmin.	
9. Birthplace	Due to Cerebral Thrombours
10. Usual occupation.	Oue to
11. Industry or business	VIE (4
12. Name Tuntum	Other conditions Diastele Kellitus
	(Include pregnancy within 8 months of death)
14. Malden name. A Discourse Remarks 15. Birthplace 32. C.	Major findings of operations
S 15. Birthplace	Date of on.
16. Informant Clara 5. Junely	Autopsy results
Address 7820 Custer Ra- Beek M	PHYSICIAN: Please underline the cause to which death should be charged statistically,
17 Russoul Date thereof 2-4-45	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, eremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director Lange Lawlers Start	Means of Injury Injured at work?
Address 756 - Pa. Que Hu.	Frank Jesse J m &
19. Det 4 19 47 Josephine in Athaeffer Market 19 19 19 19 19 19 19 19 19 19 19 19 19	Address 8016 Reore to Re Date signed 2/4/47

FEB 6 1947 BUREAU V B.

correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-20

01835

CERTIFICATE OF DEATH

Reg. Diat. No. 216

County Montgomery City or town Bethesda (rural) City or town Bethesda (rural) How long in above place of death? 11 hours Hospital, institution, or street address where death occurred:	(For newborn infants give residence of mother) State. Va. County Arlington City or town (If outside city or town limits, write RURAL and give nearest town) Streef No. 133 North Irving St.
US Naval Hospital, Bethesda, Md. How long in hospital or institution? 11 hours	(If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME MONTY, Helen Marie	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
female W-US married	20. DATE DF DEATH 18 February 19 47 21 10:554
6.(b) Name of husband or wife. Harold R. Monty 6.(c) If alive, give age years 7. Birth date of deceased (mo., dsy, yr.) 9 Nov. 1903	21. I CERTIFY that death occurred on the date above stated; that fattended deceased from 17 Feb. 19 47 to 18 Feb. 19 47 and that I last saw h im alive pa 18 Feb. 19 47 Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Immediais cause of death
9. Birthplace	Due 19 th affect the second to the Due 10.
12. Name Clarence Talbert 13. Birthplace Washington, D. C.	Diher conditions. (Include pregnancy within 8 months of death)
14. Maiden name Cora Talbert 15. Birthplace Washington, D. C. 16. Informant husband: Mr. Harold R. Monty	Major findings of operations. Date of op. Antopsy results. Date of op.
Address 133 North Irving St., Arlington, Va. 17. burial (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	PHYSICIAN: Please underfine the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory Arlington National Location Arlington, Va.	Where did Injury occur?
18. Funeral director S. H. HINES Address 2901 14th St., N.W., Wash., D.C.	Means of Injury Injured at work? Injured at work? 23. SIGNATURE R. C. A. H. H. D. Or other M. D. or other
19. 2-18 1947 Mary Charlotte Smith	Address USNH Bethesda, Md. Date signed 2-18-117



2-2160 -- 2-10

2411 N. Charles St., Baltimore

selver spry not

CERTIFICATE OF DEATH X

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	Slate. Many land County Montes town City or town (If outside city or town limits, write RUBAL and give nearest town) Street No. 2 4 5 4.
How long in hospital or institution?	(If rural, give Location) 2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
MRS ORREL MOONS	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Cemale Schelle Schadown	2D. DATE OF DEATH HELICILIANS 20 1947 21 11 150 A)
6.(b) Name of husband or wife Tud. VC. Moody	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of	and that I last saw h. A alive on Gel. 20 1847
8. AGE: Years Months Days It less than one day	Immediair cause of death DURATION DURATION 2 days
9. Birthplace (Town, county, and state)	Due to Cearunosia of Mtenes of moul
1B. Usual occupation	Due to.
Industry or business 12. Name Jacob Peet	Diher conditions
12. Name acob lett 13. Birthplace Conders of Penna	(Include pregnancy within 8 months of death)
14. Maiden name Cliga and Colored 15. Birthplace Batt, n.y.	Major findings of operations.
16. Informant Drs. attore a Leitle	Antopsy results. PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address 5/2 askfood Rd. Sifrey	VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Daie thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. Att. Lucoln Come	(City or town) (County) (State)
Location January Ton he	Meens of Injury Injured at work?
18. Funeral director	,2001

MARGIN RESERVED FOR BINDING



(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

01837

Reg. Diat. No. 216/

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Montgomery	State Md. County Martinery		
City or town. Bethesda (rurel) (If outside city or town limits, write RURAL and give nearest town)	Gran Acros		
How long in above place of death? 1 day	City or town (If outside city or town limits, write RURAL and give nearest town)		
Hospital, institution, or street address where death occurred:			
U.S. Naval Hospital, Bethesda, Md.	Street No		
How long in hospital or institution? 1 day	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female W-US widowed	20. DATE DF DEATH. 17 Feb. 1947 at 4:30P.		
6.(b) Name of husband or wie William Morsell	21. I CERTIFY that death occurred on the date above atated; that I attended deceased from		
	10 February 19 47 10 11 Feb. 1947		
T milk date at	and that I last aaw h. elf. alive on		
deceased (mo., day, yr.) May 19 1864	Immediaic cause of death Intarction of DURATION		
8. AGE: Years Months Days It less than one day	brain and myocardium;		
82 8 22hrsmin	congestive heart failure.		
Pennsylvania			
9. Birthplace Pennsylvania (Town, county, and state)	sclonaria		
1D. Usual occupation housewife	Due to		
11, Industry or business	Uue 10		
	Other conditions Terminal broncho		
	P. C. M. O. M. C. (Include pregnancy within 3 months of desth)		
14. Maiden name Ann Elizabeth Day	Major findings of aperations		
15. Birthplace Conn.			
	Autopsy results. SCC above		
16. Informant bro: Mr. Edward R. Hodges	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address Green Acres, Md.			
- hurial 2-12-17	22. VIOLENCE: If death was due to external causes, till in the tollowing:		
17 burial Date thereof 2-12-17 (month) (day) (year)			
Cemetery or crematory Rock Creek	Where did injury occur?		
Location Washington, D. C.	Injured at home, farm, Industry, public place (where?)		
18. Funeral director S. H. Hines	Maana ot Injury Injured at work?		
Address 2901 14th St., N.W., Wash., D.C.	- 23 SIGNATURE R. C. PARKER, Jr., Comdr. (MC) USN		
2-12 47 Mary Charlotte Smith	M. D. or other		
19	Address USNH Bethesda, Md. Date signed 2-12-47		



2-2160 -- 2-10

age

PLACE OF DEATH:

M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

2. USUAL RESIDENCE (HOME) OF DECEASED:

CERTIFICATE OF DEATH

Reg. Dist. No.

County Montgomery	(For newborn infants give residence of mother)		
Malsoma Dowle	State Maryland county Montgomery		
City or town TAKOIII PAFK (If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death?	City or town		
Bestell 1630 1000 for street address where death occurred:	Street No. 306 Birch Ave.		
306 Birch Ave.	(If rural, give LOCATION)		
How long in hospitat or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
ANNA KLING MUELLER	none		
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
fomolo white midomod	71-22 47 2'XID		
female white widowed	20. DATE OF DEATH 7 - 2 19 7 - 21 3 . XT P		
6.(b) Name of husband or wife Gustave A.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
	aug - 10 1046 to 7-6 22 1047		
7. Birth date of	and that I last saw h. Mr. alive on F. L. 21 - 1947		
deceased (mo., day, yr.) Dec. 6th. 1860	Immedisis Pase of death DURATION		
8. AGE: Years Months Days If less than one day	Busileal minima 4 day		
86 2 16hrsmin.			
Commonse	But he Bear al . A Court		
9. Birthplace	Due to.		
10. Usual occupation Housewife	Carlo (Carlo)		
10. Usuai occupation	Due to.		
11. Industry or business			
E 12. Name Peter Kling	Diher conditions Concerns Velenas		
E 12. Name Peter Kling 13. Birthplace Germany			
# 14. Maiden name. Unknown	(Include pregnancy within 3 months of death)		
E 14. Maiden name	Major findings of operations		
14. Maiden name Unknown 15. Birthplace Germany	Date of op.		
16 Informant Mrs. William L. Gray (daughter)	Aotopsy resolts		
	PHYSICIAN: Please underline the caose to which death should be charged atatistically.		
Address 306 Birch Ave. Takoma Park.	22. VIOLENCE: If death was due to external causes, fill in the following:		
17 Removal & Burial Date thereof 5-15-47 (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Knollwood Cemetery	Where did injury occur?		
Location Cleveland, Cuyahoga Co. Ohio.	Injured at home, farm, industry, public place (where?)		
18. Funeral director Warne & Campahrey.	Means of injury E. Stuart Injured at work?		
18. Funeral director	DIE Afficiane		
Address Silver Spring, Meryland.	10 11 / million mill.		
1. 12 5 - 0 . 1.	23. SIGNATURE M. D. or other		
19. hay 19.4 Josephine his streeffe	Andress 3066 San 15 Tale Date signed 37 147		
(Date fee a by regiotist)	Gue S+ NW		

REORIVED

MAY 20 1947

BUREAU 1 &

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 157-2

CEPTIFICATE OF DEATH

					-	
			7	1	et	
D	Dist	N.			/	

			CERTIFICA	TE OF DEATH	Reg. Dist. No.	
1. PLACE OF DEAT				2. USUAL RESIDENCE (HOME) (For newborn infants give residence	OF DECEASED:	
Ceunly				State Maryland	county Montgomer	. y
				City or townSilverSprin.	g	
Hew leng in above place of Hespilal, Institution, or st			d:			
				Sireet No. 10,109 Herefor	O PLACE	
Hew leng in hospital er in				2.(a) If veteran, name war		
3. (a) FULL NAME					3. (b) Social Secur	ity Number
					J. (0) Docial Decar	ity itambet
	MULLIGAN 5. Color er race	6.(a)Sing	tle, married, widowed, or divorced	MEDICAL	CERTIFICATION	
male	white	8:	ingle	20. DATE OF DEATHFeb17		
6.(b) Name of husband or	wife	•		21. I CERTIFY that death occurred on the date	above stated; that haffended	deceased frem
		8	(c) If alive, give ageyea	medical Mauris	Heby S. to Can	£19
T. Birth dafe ef		0 30	4 /	aed that I last saw halive en		19
deceased (me., day, yr.) 8. AGE: Years	Sept. 1	Days	It less than one day	Immediair cause of death		DURATION
o. nob.	, mentile	28			- la	7
00	4	28	hrsm	n. Cardeac ano		
9. BirthplaceNew	York Cit	y, N.	state)	Due fo		
					***************************************	\$0000000000000000000000000000000000000
		***************************************		Oue fe		
11. Industry or business					***************************************	
12. Name Cle	ment J. N	ulliga	an	Other cenditiens	***************************************	••••••
₹ 13. Birthplace Ne	w York Ci	ty, N	Y.	(Include pregnancy within	n 8 months of death)	
범 14. Maiden name	Ellen Nug	ent		Major findings of operations		
E 15 Rirthniace Ne	w York Ci	to N	V	Major hadiags of operations		
14. Maiden name. Ellen Nugent. 15. Birthplace New York City, N. Y. 16. Informant. Clement J. Mulligan						
Address 10,109 Hereford Pl., Silver Spring, Md				PHYSICIAN: Please underline the cause to	o which death should be char	zed statistically.
				22. VIOLENCE: If death was due to external	causes, fill in the fellowing;	
17 Burial	3 3874 1 4 83	Date the	reof2-19-1947 (month) (day) (year)	Accident, suicide, er hemicide		
			Cemetery			
			nd	Injured at home, farm, Industry, public place		
18. Funeral directer	Same (5 Gun	Mahrey	Means et Injury	Injured at work?	14
Address Silve				8/21-	Laverfee	(M. Q:
		^	1 1.	23. SIGNATURE		D. or other
19. 2 LL 18	19.47	- Hose	there is perseff	Dut, Tredecal of	Lau, for toe	12 100
(Date rec'd by regis	trar)	()	Ge Detr	Address Q	J210 318	Hed dep Mind in the second

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

SA

20 FILL 20 947

BURLAN

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

Reg. Dist. No.	21/0
Reg Dist No.	16

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Montgornery	
(If outside city or town limits, write RUNAL and give nearest town)	State D.C. County®
How long in above place of death? Sixice 1-18-47	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 5229 5 Th St., M. W.
Suburban Hosp-8600Old Georgetown Pe	(If rural, give LOCATION)
How long In hospital or institution? Since 18-47 Bethesd	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
- M-1-11	5(0)
Mys hillan E. Melson	
4. Sex 5. Color or race 5. Color or race	MEDICAL CERTIFICATION
F	20. DATE OF DEATH. 2 - 7 - 47 19.47 ,215:55 A. M
6.(b) Name of husband as site P.E. Melson	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
0 (2) (4 1) 11 12 12 12 12 12 12 12 12 12 12 12 12	7/19 10 7/7-01-47. 19
7. Sirth date of years	and that I last saw h. &A. alive on
decessed (mo., 4sy, w.) March 28, 1900	
8. AGE: Years Months Days If less than one day	Immediate asset death Duration
46 11 9hrsmin.	mitrolstecon & Jusuffrence
	Caste Otani + 2 Accom
9. Birthplace 113 hi rightor D.C. (Town, county, and state)	Due to
10. Usual occupation Housewife	
10. Usual occupation	Due to
11. Industry or business	
E 12. Name LLIVY F. Risdom 13. Birthplace ? Vivgivia	Other conditions fraculturary Infarction
13. Birthplace ? Vivaivila	Blateral.
E	(Include pregnancy within 3 months of death)
14. Maiden name Fleamon hyles 15. Birthplace 2 Vivginia	Major findings of operations
2 15. Birthplace 2 Vivainia	Date of op.
(PZ)	Autopsy results. arabone.
16. Informant Luca Luca Luca Luca Luca Luca Luca Luca	PHYSICIAN: Please naderline the cause to which death should he charged statistically.
Address 5 29 - 5 st. N. W. Wash, 2)	22. VIOLENCE: If death was due to external causes, fill in the following:
17 12 meal Date thereof 2/10/47	
(Burial, cremation, or removal, Which?). (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory alengton that Cen	Where did Injury occur?
0 1/-	Injured at home, farm, Industry, public place (where?)
Location	Means of Injury Injured at work?
t8. Funeral director Africa Co	mades of injury
Address 2901-14 NT) W	Charles F. Halley M.D.
May 50 D	23. SIGNATURE M. D. grother
19. Ohter peristrary	Address / Sol Eye Work D. C. Date signed / Felf 4.7.

FEB 11 1947
BUSE A 3 5

eorrect age

MARYLAN	D STATE	DEPARTMENT	OF	HEALTH

2411 N. Charles St., Baltimore

1		
-		
	-	

CERTIFICATE OF DEATH

1							
				0	1	1	1
	Reg.	Diat.	No.	 1	1	0	0

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Mantgornery	StateCounty
City or town Self esty or town limits, write RURAL and give nearest town)	
How long in above place of death? Sixtice 142 Pm . 2 - 18 - 47 Hospital, institution, or atreet address where death occurred:	City or town Was 11 VIQ to C. (If outside city or kown limits, write BURAL and give nearest town) Street No. 5 / 6 5 1 1
Suburban Hosp-Bethesda Md,	(If rural, give LOCATION)
How long in hospital or institution? Since 142P.M. 2-10-47	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mrs Rosemaru O'Dau	
4. Sex 5. Color or race 6.(a) Single, makried, widowed, or divorced	MEDICAL CERTIFICATION
FW	20. DATE DE DEATH FEB. 10 19.47 al 10.41 P. M
6.(b) Name of husband comise CONTY 1 = J. O DAL	21. I CERTIFY that death occurred on the date above etated: I hat I attended deceased from 18 4 7 to 760 19 4 7
	11 3 2 8 1 2 2 2 2 2 2 2
7. Birth date of deceased (mg. day, w.) On 1. 6 1895	and that I last eaw h
8. AGE: Yeara Monthe Days It less than one day	Immediais cause of death. Deabelis come 2 x hes
5/ 4 5min.	
9. Birthplace LLLAY VEM PENT MS. L. VAVISA (Town, county, and state)	Due la Diabete melitus 8 mo.
10. Usual occupation Housewife	Due to
11. Industry or Duelnesa	
12. Name (UV) KVIOLITY) LLASH BUYY	Diher conditions
	(Include pregnancy within 3 months of death)
14. Malden name Sarah (BINKMOWN) 15. Birthplace (?) Fingland	Major findings of operationa
S 15 Birthologo (?)	
16. Informant Husbard	Antopay results. Dr. a. n. Chagnieu menia. Healed apical tukenculosis
Address TIL 6th St. M. III. Washington DC.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B. 2-13-47	22. VIOLENCE: If death was due to external caucea, fill in the following: Accident, suicide, or homicide
(Burlat, cremation, or removal, Which?) (Burlat, cremation, or removal, Which?)	need and the second sec
Cemetery or crematory	Where did Injury occur?
Location Sulland med.	Injured at home, farm, industry, public place (where?)
P + 1,11000	Means of Injury Injured at work?
18. Funeral director	1 0
Address 475- 25 St n. W. Wash, D.C.	23. SIGNATURE Jung Colore ho.D.
19. 2/11 1947 9m & Johns	Address 29 Va Newark Son W. Bate signed



office age

2411 N. Charles St., Baltimore 940

12161

M. D. or other

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: Montgomery City or town. Bethesda (rural) (If outside city or town timits, write RURAL and give nearest town) How long in above place of death? 22 hours Hospital, institution, or street address where death occurred: US Naval Hospital, Bethesda, Md. How long in hospital or institution? 22 hours	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3.(a) FULL NAME O'NEILL, John Aloysius	3. (b) Social Security Number
Male W-US 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION 6 February 47, 46:50
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5 Feb. 19. 47, 10. 6 Feb. 19. 47 and that I last saw h. im. alive on 6 Feb. 19. 4 Immediate cause of death DURATION
9. Birthplace	Due to. Coronary Armbonia with 3 day Due to. Differ conditions Denvelized arterioschrie years
14. Maiden name Longilland Shrittery 15. Birthplace 16. Informant MSA G. St. NE wash. S. C. Address 217 - 19 db St. NE wash. S. C. 11. Gurial, cremation, or removal. Which?) Cemetery or overatory. Assistance for the state of the state	(Include pregnancy within 3 months of death) Major findings of operations
18. Funeral director Trincathy Manlan Mak	Injured at home, farm, Industry, public place (where?) Means of Injury Classes W. Home, farm, Industry, public place (where?) INDUSTRIBUTION TO THE PROPERTY OF THE PROPERT

USNH Bethesda, Md.

2-6 (Date rec'd by registrar)





01842

CERTIFICATE OF DEATH	Reg. Dist. No. 2160

	Reg, Disc Not animating
1. PLACE OF DEATH: County Mantaorviery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State. MAY HAY County MOTT QOVY LEY H City or town. Betheed (If outside city or town limits, write RURAL and give nearest town) Street No. MAOVI QOVY LEY H. RA7. (If rural, give LOCATION)
How long in hospital or institution? Sixice Jan., 24, 1947	2.(a) If yeleran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
	5. (v) Social Security Humber
4. Sex 5. Color or race 6. (a) Single, massied with MPH or diversity	MEDICAL CERTIFICATION
m c	20. DATE DE DEATH 2 - 4-47 19.47 at 7 A
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
T. Birth date of decessed (mo., dey, pr.) April 1882 8. AGE: Years Months Days If less than one day	and that I last saw h. A.M. alive on
64 1 10 7hrsml	Due to Post eperative sollowing udays
9. Birthplace	Due to tot value (us of the
11. Industry or business 12. Name	SIGNOR CONDITIONS
13. Birthplace Lincoln Virginia 14. Malden name Office Perry 15. Birthplace Lincoln Virginia	(Include pregnancy within 3 months of death) Major findings of operations Major findings of operations
16. Intermant John Payne (brother)	Antopsy results. An Antopsy results. And Antopsy results
Address Scot Avid, VVId., 11. Gunal (Burial, cremation, or removal, Which) Bate thereof. Feb. 19, 194 (month) (day) (year)	22. VIOLENCE: tf death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory count Home	Where did Injury occur?
P. I. Lander	Msans of Injury Injured at work?
18. Funeral director Address Rockville Mt. 19. 7/10 19 47 5/m E Johns	23. SIGNATURE C3 as learn Mosellon M.D. or other J.D. or other J. D. or other J.D. or
(Date rec'd by registrar)	ar Address Date signed

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important, Physicians: please write the causes of death clearly and regibly.

VS A15

PLEASE

FEB 18 1947
BUREAU V.

01843

CFRTI	FIC	ATE	OF	DE	ATE

	CATE OF DEATH Reg. Diat. No. 216
1. PLACE OF DEATH: County Montgomery City or town Bethesda (rural) (If outside city or town limits, write RURAL and give nearest town How long in above place of death? 3 days Hospital, institution, or street address where death occurred: US Naval Hospital, Bethesda, Md. How long in hospital or institution? 3 days 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Pa. County Philadelphia (If outside city or town limits, write RURAL and give nearest town) Street No. 7509 Newland St.
PETERMAN, Jack Maurice 4. Sex 5. Color or race 6.(o)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male W-US	20. DATE OF DEATH 26 February 19 47 .1 12:45
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 23 February 19 47 to 26 Feb 19 47 and that I last saw h intralive on 26 February 19 47 Immediate cause of death Ufler DURATION 2 Well
55 2 4hrs.	min.
9. Birthplace	
14. Malden name Neta Z. Murphy, dec. Pa.	(Include pregnancy within 3 months of death) Major findings of operations
16. Informan brother: Mr. Richard Peterman Address 7509 Newland St., Philadelphia, 28, P	PHYSICIAN: Please underline the cause of which death should be charged statistically.
17. removal (Burial, cremation, or removal, Which?) Cemetery or crematory. Date thereot. 2-26-47 (month) (day) (yet)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Phila. Penn. 18. Funeral director Edward Gasch Edward Base Address 4739 Baltimore Ave. Hyattsville.	Injured at home, farm, Industry, public place (where?) Mass of Injury This is a second of the seco
19. 2-26 Hary Charlotte Smith	

MARGIN RESERVED FOR BINDING

MAR 7 1947
BULLATIVE
2-25

2-2160 - 2-10

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01844 Reg. Dist. No. 2230

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Man X G. AMax W	
City or town	State Drax xicx of Columbianty
How long In above piace of death? **M.D. — 9 days **Hospital, Institution, or street address where death occurred: **Washington: SaniXashington: Haspital **How long In hospital of Institution? **Man — 9 days	City or town
3. (a) FULL NAME	3. (b) Social Security Number
Price Mrs Huna Mary	5. (0) Social Security Number
4. Sux 5. Color or race 6.(a) Single, married, wild wed, or divorced	MEDICAL CERTIFICATION
Female White Widow	20. DATE DF DEATH Y & D Y W AY Y 29 18 42 21 12:36 Q.
6.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Sanuaru 27, 1871	and that I last saw her alive on Feb 27 1847
8. AGE: Years Months Days If less than one day	Immedia puse of death DURATION
76 1 1hrsmin.	ic interstitial nephystra. And to:
9. Birthpiace Crack & 121d Ind Lana (Town, county, and state)	Due to Aypertensión, me years
1D. Usual occupation House wile	Due to arternosclerosis cuesa & years
11. Industry or business	
12. Name Secont 13. Birthplace	Dither conditions reveless tesacts of
	(Include pregnancy within 3 months of death)
14. Maiden name James James	Major fiadiags of operations.
15. Birthplace	Date of op.
16. Informant Lea gacet Lea Succe	Autopsy results
Address 1330 Shendan St ha.	22. VIOLENCE: If death was due to external causee, fill in the following:
(Burial, cremation, or removal. Which?) Date thereof March 3 / 94 / (month) (day) (year)	Accident, sulcide, or homicide
Cemetery or crematory. For Suscella	Where did injury occur?
Location Deadersleing and	Injured at home, farm, industry, public place (where?)
18. Funeral director Deal Funeral Home	Meane of Injury Injured at work?
Address 4812 Sa guaffa w	23 SIGNATURE Cohert a Hare bub.
18 J. American 1949 J. Million No. O. Recistre	Address Takama Park. Wed "M. D. or other 1/28/47



I. PLACE OF DEATH:

3. (a) FULL NAME

male

deceased (mo., day, yr.)

10. Usual occupation... 11. Industry or business 12. NameJ.

HLOW 14. Malden na

14. Malden name...

19

8. AGE:

4. Sex

Montgomery

How long in hospital or institution?....

How long in above place of death? 17 days Hospital, Institution, or street address where death occurred:

Bethesda (rural)

5. Color or race

Months

Daniel.

16 Informant father: Mr. Jacob J. Queen

Cemetery or crematory Baptist Cemetery

Address Rt.#2.Box 261.Forest City.N.C.

Location Adaiville, N. C. (Rutherford Co.)

Address 1400 Chapin St., N. W. Wash. D.C

N.C.

17. burial (Burial, cremation, or removal, Which?)

(Date rec'd by registrar)

18. Funeral director, W. W. CHAMBERS

W-US

12, Name Jacob J. Queen N.C.

US Naval Hospital Bethesda, Md.

(If outside city or town limits, write RURAL and give nearest town)

17 days

QUEEN. William Russell. S2 6.(a) Single, married, widowed, or divorced

single

if less than one day

Nov. 5, 1927

Days

21

(Town, county, and state)

PLAINL WRITE PLEASE

important

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

CERTIFICATE	OF	DEATH
-------------	----	-------

L OF BLATTI	Reg. Dist. No.
2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of r	DECEASED:
State N.C. Coul	nty
City or town. Forest City (If outside city or town timits	, write RURAL and give nearest town)
Street No. Rt. #2, Box 261	•
, (If rural, give	LOCATION)
2.(a) if veteran, name war	
C USN	3. (b) Social Security Number
MEDICAL CE	ERTIFICATION
20. DATE OF DEATH. 26 Febru	ary 19 47 at 3:45P
21. I CERTIFY that death occurred on the date above	ve stated; that I attended deceased from
9 Feb. 19.	47 10 26 Feb. 19 47
and that I last saw h	26 February 19 47
Immedia; Crose of death	
Marien Mes Par	cho. not stated.
Alexander Survey	THE MAIN SIE.
Due to bacute glower	Moreghet
1 1 1 1 0 0	
cute exaceptated Sur	R
Due to	Biology
Other conditions	
(Include pregnancy within 3 m	nonths of death)
Major findings of operations	
Antopsy results	
PHYSICIAN: Please underline the cause to wh	ich death should he charged statistically.
22. VIOLENCE: If death was due to external cause	ses, fill in the following;
Accident, suicide, or homicide	Date of
Where did injury occur?(City or town)	(County) (State)
Injured at home, farm, Industry, profic place (wh	nere?)
Means of injury	minted at work?
W. A. DINSMORE	Jr. Lt. Cdr. (MC) USN

Address USNH Bethesda, Md.

276 1



2411 N. Charles St., Baltimore 932

★1 01846

CERTIFICAT	E OF DEATH Reg. Dist. No. 223
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Mant 90 22 4 4	(For newborn infants give residence of mother) State W. A.S. A.S. A.S. A.S. A.S. A.S. A.S. A
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 5204 - 14th St. 71. W
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mr Roland C. Ray	
4. Sez 5. Color or race 6.(a) Single, maryed, widowed, or divorced	MEDICAL CERTIFICATION
Male, white married	20. DATE OF DEATH. Hubruary 1 1947 21 8 4 M
6.(b) Name of husband or wife Nan C. Ray	21. I CENTIFY that death occurred on the date above stated; that Jettended deceased from
6.(c) If alive, give age 5 4 years	Jan 30 1947 10 Feb 1941
7. Birth date of deceased (mo., day, yr.) Jan. 6, 1884	and haf I last saw has a alive on
8. AGE: Years Months Days It less than one day	Immediair cause of death R. A. A. A. B. DURATION
63 - 26nrsmin.	to Conorgany Throntonis 3 who
	Que la dispertencial -
9. 8irthplace Mo, Chanty and state)	Calidhorascular duesse Lyr
10. Usual occupation Las she ng fatt ges 4 Light	Due to
11. Industry or business (FRE) Managen	
12. Name Bichard Ray 13. Birthplace Many 90 merg Co. Md.	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Ruberch Ceshell 15. Birthplace 20 27 9 9 9 9 9 Co. Md.	Major findings uf aperations
2 15. Birthplace Mont gomery Co. Md.	Date of op.
16. Informant W. Fe	Antopsy results Wolf down
Address Above AddRESS	PHYSICIAN: Please underline the cause to which death should be charged statistically.
REMOVAL Bate thereof 2/1/47	22. VIOLENCE: If death was due to external causes, fill in the following:
17. (Burial, cremation, or removal, Which?) Bate Ihereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory W. R. P. womphray Cure at Home	Where did Injury occur?
Location Det Deside The Mills	Injured at home, farm, Industry, public place (where?)
18. Funeral director & m. Lundian Recombance	Means of Injury Injured at work?
Address Batheria Tropy.	23 SIGNATURE KULLINGS 9: PErrory 24.1)
19 Feb- 1947 A TOM NOGA	45 Carroll and Tak 15: M. D. or geher 147
(Date rec'd by registrar) Registrar	Address Date signed

ARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, The correcting is especially important. Physicians: please write the causes of death clearly and legisly.

PLEASE

VS A15

Richard R. Ray

FEB 3 1947

correct age

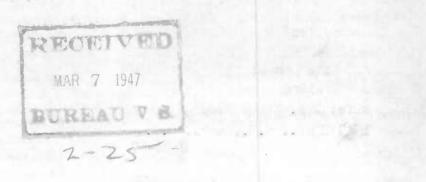
WRITE

74/4/E

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore

			CERTIFICAT	TE OF DEATH	Reg. Dist. No.
City or town Bethe (If or How long in above place Hospital, institution, or U.S. NAVA	mery sda (rural atside city or town lir of death? 88 d street address where o I. HOSPITAL institution? 88	nits, write Ri lays leath occurred BETHE	SDA MD.	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m State Dist. of Columbiacoun City or town (If outside city or town limita, Street No. 1513 E. St. S. 1 (If rural, give I	write RURAL and give hearest town) E. Washington D. C. LOCATION)
3. (a) FULL NAME					3. (b) Social Security Number
REED, Wil	liam Brown	ing	, married, widowed, or divorced	MEDICAL CE	RTIFICATION
male	W-US		ried		
Шате	11-05	Mai	TTea	20. DATE OF DEATH 23 February	
7 Dieth date of		6.(<i>c</i>) If alive, give ageyears	21. I CERTIFY that death occurred on the date above 27 November 19.4 and that I last saw h	6 23 Feb 19 47 Feb 19 47
8. AGE: Years	Months	Days	If less than one day	Immediate crude of death	MANUE DURATION
74	. 6	19	hrs min.		L. G. G. fr. d. d. C. C.
9. Birthplace	Retired es Reed			Due to	
				(Include pregnancy within 8 m	onths of death)
F	Ireland			Major fiediogs of operations	
18. Informant . Wife	E St., S.	E. Was	sh., D.C. 2-26-47 (month) (day) (year)	Actopsy results	es, fill in the following;
				Accident, suicide, or homicide	
Cemetery or crematoryArlington Nat. Cemetery			Cemetery	Where did Injury occur?(City or town)	(County) (State)
Location Arlington Va.				Injured at home, farm, Industry, public place (who	A 1)
18. Funeral director	R.A. Matti	ngly	m.I. n.	Means of Injury	trijurgh at work?
Address 131		S.E.	Jash. D. C. //	23. SIGNATURE	Condr. (MC) USNR
19. 2-23 (Date rec'd by reg		Mary Ch	narlotte Smith		M. D. or other Date signed 2-23-47



2-2160 -- 2-10

MARYLAND STATE DEPARTMENT OF HEALTH age 2411 N. Charles St., Baltimore 195-2 CERTIFICATE OF DEATH Reg. Diat. No. 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) 1. PLACE OF DEATH city or town limits, write RURAL and give nearest town) Hospital Institution or street address where wath occurred: clearly (If rural, give LOCATION) information of death clear 2.(a) If veteran, name war...... How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION causes FOR BINDING 20. DATE OF DEATH TEL 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7. Rirth date of DING INK Supply even and that I last saw halive on deceased (mo., day, yr.) DURATION It less than one day 8. AGE: RESERVED (Town, county, and atate) MARGIN (Include pregnancy within 3 months of death) PLAINLY, is especially PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: It death was due to external causes, fill in the following; Date thereut. Accident, suicide, or homicide. Where did Injury occur? WRITE (County) Injured at home, farm, Industry, public place (where?) Means of Injury SE EA .. Date signed .. 2 - 1.0 - 4.7. (Date rec'd by registrar) Registrar

RECOMINED

FEB 14 1947

BIT HEAD V 8

CENTRAL WEST

2-2180 - 1-10

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

	CERTIFICAL	Reg. Dist. No. 40
7	1. PLACE OF DEATH: Bounty Bethesda (rural)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
1	(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 21 days.	City or town (If outside city or town limits, write RURAL and give nearest town)
	Hospital, institution, or street address where death occurred: US Naval Hospital, Bethesda, Md. How long in hospital or institution? 21 days	Street No. 1138 W Street, S.E. (If rural, give LOCATION) 2.(a) It reteran, name war. 1st WW d 200 WW
	3.(a) FULL NAME ROGERS, Robert Frank,	3. (b) Social Security Number
	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
	male W-US married	20. DATE OF DEATH 27 February 19 17 at 10:22 Po
	6.(b) Name of husband or wife Nrs. R. F. Rogers 5.(c) Hallve, give age years 7. Birth date of 70 Trans 2800	21.1 CERTIFY that death occurred on the date above stated; that I attended deceased from 6 February 19 47 to 27 Feb. 19 47 and that I lest saw h im alive on 27 February 19 47
	7. Birth date of deceased (mo., day, yr.) 10 June 1899	
	8. AGE: Years Months Days It less than ono day 17	Immediate cause of death Cerebral 484.
	9. Birthplace	Due to Imbolis from Cardia mural thrombus Due to Coronary thrombosis
	12. Name Robert B. Rogers dec. Tenn.	Other conditions my broadest infaul: 2 who
	14. Malden name Alice Walker dec. 15. Birthplace Ten.	(Include pregnately within 3 months of death) Major findings of sperations.
		Date of op.
	18. Informant wife: Mrs. R. F. Rogers Address 1438 W. St., S.E., Wash., D.C.	Antopsy results. After the cause to which death should be charged statistically.
	17. burial Date thereof 3-3-117 (Burial, cremation, or removal. Which?) (month) (day) (year)	22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide
-	Cemetery or crematory Arlington National	Where did injury occur?
1	Location Arlington, Virginia	Injured at home, farm, Industry, public place (where?)
	18. Funeral director. W. W. Chambers J. W.	Means of Injury tojured at work?
	Address 1400 Chapin St., N. W., Wash., D.C.	23. SIGNATURE C. W. THOMPSON, Lt. Cdr. (MC) USNR
	19. (Date rec'd by registrar) 19. 47. Mary Sharlotte Smith Registrar	USNH Bethesda, Md. D. or other 2-28-47

MAR 8 1917
BUREAU V 8

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940)

CEPTIFICATE OF DEATH

4		1	
	n	 216	

CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (if outside city or town limits, write RURAL and give nearest town) Street No. 127 (If rural, give LOCATION) 2.(a) If veteran, name war.
3.(a) FULL NAME Elizabeth V. Ruby	3. (b) Social Security Number
4. Sex 5. Offer or race 6.(a) Single, married, wildowed, or divorted	MEDICAL CERTIFICATION 20. DATE OF DEATH J& 1847 at Size P. M
6.(6) Name of husband or wife. Harry Buby 8.(c) If all of give age. 6.3 years	20. DATE DF DEATH
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	and that I lagt saw h
9. Birthplace	Due to.
1B. Usual occupation	Due to
12. Name Patrick Gaffey 13. Birthplace Drila	Other conditions Taylor Action (Include pregnancy within 8 months of death)
14. Maiden name Catherin Halloway 15. Birthplace Collinsville Corm.	Major findings of operations
Address 66 Hetcherch Rd. Washin Mars.	Antopsy results
17. Burial Date thereof 2/17/47 (Burial cremation, or removal Which?) Cemetery or crematory Mt 3t Benedict Cem	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Commetery or crematory III	Where did injury occur?
18. Funeral director. The S.H. Hines Co	Means of Injury Injured at work?
Address 2901 14th 5t IVW. WASH. D.C. 19. 7/5 19.47 7fm E Joles (Date rec'd by registrar) Registrar	23. SIGNATURE Supplied Exces M. D. or other Address Sarphenbury M. D. Date signed 2 4 4 7

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and Pgibly.

VS A15

TITLE OF THE REPRESENTATION OF THE PERSONS

RECEIVED

FEB 20 1947

BURBAUTS

2-35

RGIN RESERVED FOR BINDING

PLAINLY, WITH UNITS is especially important.

WRITE

PLEASE

A15 VS 2411 N. Charles St., Baltimore (61)

01851

CERTIFICATE OF DEATH

Reg. Diat. No. 2/70

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county marily omery	(For newborn infants give residence of mother)
1 10 11 21.	State Maryland County Manilgamery
City or town (If outside city or town limits) write RURAL and give nearest town)	City or town Ollney
How long in above place of death?	(If outside city or town timits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Freet No.
The moutgomery loughly General Nospil	(If rural, give LOCATION)
How long in hospital or lostitution? 24 haters	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
more Grace C. Ruly	
4. Sex 5. Color or race 6.(a) Single, married widowed, or divorced	MEDICAL CERTIFICATION
Jem white widowed	20. DATE DE DEATH Lebruary 11 1947, 21/230 P. M
10 46 9. 8.0	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife former Harburn Mulling	Feb. 1 1947, to 7el. 11 1947
V 6.(c) If alive, give ageyears	7 1 2 11 11 11 11 11 11 11 11 11 11 11 11
7. Birth date of	and that I last saw h.R alive on telluran 19.44
deceased (mo., day, yr.) January 2 6 1857	Immediaic cause of death
8. AGE: Years V Months Pays If less than one day	36 hrs.
90 90 0 18min.	
9. Birthplace Planstan Texas	10:00 +
9. Birthplace	Due to. Add
	X
1D. Usual occupation Petryeg H, W.	Due to
11. Industry or business	
12. Name Charms Ellist Carnes	Diher conditions Deneral artero
	anderanis.
	(Include pregnancy within 3 months of death)
14. Maiden name. Tommy Thomson 15. Birthplace Lynnstyn Ky.	Major findings of operations.
E 15 Rirthniace Leddenston My	Date of op.
16. Informant Assis Pellists.	Antopsy results
Address	
to Kerial Fit 14 1947	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide
	Where did Injury occur? (City or town) (County) (State)
Cemetery or cremator)	Where did Injury Occur?
Location Justant min Houston,	Injured at home, farm, Industry, public place (where?)
PALSON E Promotores	Means of Injury Injured at work?
18. Funeral director	1 8 11
Address Silver Ammer Med.	Eliash Jum bleson
In At IKP D	23. SIGNATURE M. D. or other
19. 2. 19 47 Selected Aurent Registrar	Sacredi Strong - mod 2-11-42
(Date rec'd by registrar) Registrar	Address

BONEAU V 6

the state of the second and

correct age

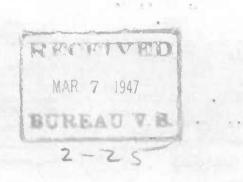
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 124b

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: County Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or 10wn Bethesda (rural) (If outside city or town limits, write RURAL and give How long in above place of death? 3 days	State County
(If outside city or town limits, write RURAL and give	nearest town) Falls Church
How long in above place of death? 3 days	Cily or town. Falls Church (If outside city of town limits, write RURAL and give nearest town)
Hospilal, Institution, or street address where death occurred: US Naval Hospital, Bethesda, Md.	Street No. RUO #F2
How long In hospital or institution? 3 days	
3. (a) FULL NAME SAUNDERS, Richar	d Otto Earl, QMSgt.USMCRet.Inact. 3.(b) Social Security Number
4. Sex 5. Color or race 5.(a) Single, married, widowe	d, or divorced MEDICAL CERTIFICATION
male W-US marr	ied 20. DATE DF DEATH 26February 19.47 at 10:45
6.(b) Name of husband or wife Mrs. Hazel C. Sau	nders 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	23 February 1941 to 20 February 1944
7. Birth date of Sont 2 7887	and that I last saw h inclive on 26 February 1917
acordoca (mari act) lus	DURATION DURATION
8. AGE: Years Months Days It less than or 214	Menostrop Frittagal 2 day
9. Birthpiace	Due to Circhonia of lives & month
1D. Usual occupation Marine Corps Hdqtrs., (G	overnment)
11. Industry or business Arlington Annex, Arl.	
12 Name Otho A. Saunders dec.	
F	Biher conditions Ingpluture
C. 13. Birthplace	(Include pregnancy within 3 months of death)
14. Maiden name Lela A.Rouzie dec 15. Birthplace Va.	Major findings of operations
	Date of op.
18. Interment wife: Mrs. Hazel C. Saunder	S Autopsy results not permitted
Address Falls Church, Va., Rt. #2	PHYSICIAN: Please underline the cause to which death should be charged statistically.
1 2 . 7	22. VIOLENCE: If death was due to exfernal causes, fill in the following:
(Rurial gramation or removal Which?) (month)	(day) (year) Accident, sulcide, or homicide
Cemetery or crematory Arlington National	Where did injury occur?
Arlington. Va.	Injured at home, farm, industry, public place (where?)
Ives Funeral Home	Means of injury Anjured at work?
1B. Funeral director	1 A A Nack
Address 2847 Wilson Blvd., Arl., Va.	
19. 2-26 19 47 Mary Charlott	M. D. or other
19	e Smith Registrar USNH Bethesda, Md. Bate signed 2-26-47



2= 2160 - 210

correct age

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

PLEASE

RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

01853 Reg. Dist. No. 2/2/

1. PLACE OF DEATH: County / P 72 T G O THEY 4	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
1-1-1-	State Mory land county montgomery
City or fown	City on town 100/esville
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Charles B. Well	man 218-14-2098
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W married	II 24 17 4:4.P.
	2D. DATE DF DEATH TELL 28 19.4.7 at 54.00 F. M
6.(b) Name of husband or wife Sarah & Sellman	21. I CERTIFY that death occurred on the dale above stated; I hall altended deceased from
6(c) If alive, give age 63 years	and that Vlast saw h slive on 19
7. Birth date of deceased (mo., day, yr.) 277 22- 188/	
8. AGE: Years Months Days If less than one day	Immediate cause of death
o. Add.	Som man on the proclusion of
A	
9. Sirthplace loole SVIIIe monty look to look	Due to.
10. Usual occupation Carpenter	
10. Usual occupation	Due fo
11. industry or business	
12. Name Chas Sell 777077	Other conditions
13. Birthplace Barnesville, Mg	(Include pregnancy within 8 months of death)
14. Maiden name Lucy Verxs	
	Major fiodings of operations
\$ 15. Birthplace Pooles ville, Md	Date ot op
16. Interment 17.78 C/25 De//77277	Autopsy results
Address Too lesxille, Md	
	22. VIOLENCE: 1f death was due to external causes, fill in the following:
11.3 th y of Older thereof 77.3 y - 3 - 94. (Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory MOTOCacy	Where did injury occur?
leatin Bealls ville, Md	Injured at home, farm, Industry, public place (where?)
11:11	Msans of Injury Injured at work?
18. Funeral director Molli 3ml3 Hilton	7 1 R 1 1 m.d.
Address Bornesville, Md	Charles I a
m 1 2 1/2 m. 00 1/1/14.	23. SIGNATURE
19. March 2 1947 Mrs. C. Stillens (Date red by registrar) By May 10, B. W. Registrar	Address Further hung Inf Date signed 3-1-47



2-2/20 -1-10

MARYLAND STATE DEPARTMENT OF HEALTH K

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore 466



-	Reg.	Dist.	No.	316	9
13	Trop.	2100.	1.00.		

01854

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Montagement	
City or town [If outside city or town limits, write RURAL and give nearest town)	Stale Maryland County Mondamerce
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Route 4
Sulubar Hosp. Betterda, Md.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Shelton, Henry.	37(0) 33111 331111 11
4. Sex S. Color or race 6.(4) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male Neoro Married	20. DATE OF DEATH Feb 187 1547 at 305 M
6, (b) Name of husband or wife maggie	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
	12/17 1047 10 Let 180 1941
7. Birth date of	and that I last new han alive on Let 184
deceased (mo., day, pr.) Flb. 22, 1088	Immediain cause of death Ademonify are L OURATION
8. AGE: Years Months Days If less than one day	nito Stomach o
58 11 9min.	
9. Birthplace hand an Caunty, Virginia	Que to Concinuma Por
(Town, county, and state)	Antonie end o stomach
10. Usual occupation me chamic	Due to
11. Industry or business	30, 10
	Other conditions.
12. Name /Strewell shellon	
M. In the state of	(Include pregnancy within 3 months of death)
H 14. Malden name	Major fieddiags of operations.
14. Malden name Virginia A	Dale of op.
16. Informant mrs maspie Shelton	Actopsy results
P Do WAI Port : 100 mg	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Viller in Varie, 1900-1911	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burisl, cremation, or removal Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Lives of Park,	Where did Injury occur?
Cemetery of Crematory	
Localion	Injured at home, farm, Industry, public place (where?)
18. Funeral director	Maens of Injury Injured at work?
Address 2 y b. n. Wash, St Rickrill	Q 05 Musha
all the so my	23. SIGNATURE M. D. or other
19, (Date rec'd by registrar) Degistrar	Address for And my Date signed 2/3/47
(Date let u b) legistrat)	Mulicas games and a games and

FEB 6 1947

WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

- 7	_	~ 1	print,	
- 6	m.	м.	2	з.
- 60	71	6.90	es.	1

CERTIFICATE OF DEATH

01855 2160 Reg. Diat. No. 2160

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
county Montgomery			
Cily or town Bel- West or town limits, write RURAL and give nearest town)	State MAN LAND County		
How long in above place of death? Sivice 2-15-47	City or town. (1f outside city or town limits, write RURAL and give nearest	town)	
Hospital, Institution, or street address where death occurred:	Street No. R.R. MO. I		
suburban Hosp, 860001d George town R	(If rural, give LOCATION)		
Amen 1	22.(a) If veteran, nama war		
3. (a) FULL NAME	3. (b) Social Security Num	ber	
Mr Clarence Spipley			
4. Sex 5. Color or race 6.(a) Single, morried, wildowed as disched	MEDICAL CERTIFICATION	30	
m lul	2D. DATE OF DEATH	TA.	
44	21. I CERTIFY that death occurred on the date above atated; that I attended deceased to		
6.(b) Name of husband or wife.	Feb 15 1947 1026 Feb		
7. Birth date of	and that I leat any h. A.M. alive on 26766		
deceased (mo., (ay, pr.) Sept., 7, 18/5	Immediate cause of death	DURATION	
8. AGE: Yeara Months Days If iess than one day	HYPERTENSIVE CARDIO VASC-		
71 5 19hrsmin.	WLAR DISCASE 4	NKNOUN	
9. Birthplace DAISY MA (Town, county, and state)	Due to		
Visit - Mag		***************************************	
	Oue to		
11. Industry or business			
E 12. Name JOHN ROBERT SHIPLEY	Other conditions		
E 13. Birthplace HOWARD COUNTY, MA	(Include pregnancy within 8 months of death)		
E 14. Maiden name MARY CATHERINE HAGER	Major findings of operations.		
14. Maiden name MARY CATHERINE HAGER 15. Birthplace MONTG COUNTY, MA.	Date of op.		
16 Informant JOHN ROBERT SHIPLEY	Antonsy results		
0	PHYSICIAN: Please underline the cause to which death should be charged statis	tically.	
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	22. VIOLENCE: If death was due to external causes, fill in the following:		
17. RENOVAL (Burial, cremation, or removat. Which?) (Burial, cremation, or removat. Which?)	Accident, suicide, or homicide		
Cemetery or crematory SALEM CHURCH	Where did injury occur?	ate)	
Location CEDAR GROVE MD	injured at home, farm, industry, public place (where?)		
DIV W RAPRER	Maana of Injury Injured at work?		
18. Funeral director R. D. Y. – VV BARBER	ritte 11 4		
Address LAYTO(YSVILLE.MD.	23. SIGNATURE ALL WISH C. De Fairly MD.		
" 7/26 147 Am & Johns	M. D. or ot	her	
19. (Date rec'd by registrar) Registrar	Address Reffers A 14 Mg Date signed 26	reb 47	



PLEASE

A15 VS

KRGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 108

CERTIFICATE OF DEATH

7		
7	Reg. Dist. No. 6213	
	- L. C. TOW/ 3	
	Reg. Dist. No.	

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infact e give residence of mother)
City or town	state many gul county houldone
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No.
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, nams war
3. (a) FULL NAME	3. (b) Social Security Number
Florence E. Sin	ms none
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Formale Colored Dungle	20. DATE OF DEATH. 20 STURGEN 20 19 47 21 530 P
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give ageyears	Jes 18 1947 10 7 6 26 1941
7. Birth date of deceased (mo., dsy, yr.) Thousely, 22, 1916	and that I last saw h 12 alivs on 18 f
8. AGE: Yesrs Months Days It less than one day	Immediate cause of death. OURATION
30	Lover pulmononia Hang
9. Birthplace Scolland, vod	Due to.
(Town, columny, and state)	
1D. Usual occupation.	Due fo
11. Industry or business	Other conditions.
13. Birthpiace	
# 14. Maiden name Posce Cooper	(Include pregnancy within 3 months of death)
15. Birthplace Scolland 1	Major findings of operations.
(Proise lines	Autopsy results
Address Rockvill No on	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B. 1911 1911	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal Which?) Date thereof	Accident, suicide, or homicide
Cemetery or crematery direction large.	Whers did Injury occur?
Location Cockrele, ma.	Injured at home, farm, industry, public place (where?)
18. Funeral director Robert L. Senowder	Means of injury Injured 2f work?
Address Rockvelle & md.	and state of
2-24 47 Both San Sanda)	23. SIGNATURE M. D. or other
(Date rec'd by registrar)	Address Collorell, Mel Date signed 2/22/4

FEB25 1947
SUREAU VS



arract age

2411 N. Charles St., Baltimore (154)



CERTIFICATE OF DEATH

Reg. Dist. No. 216 (

The state of the s	1. PLACE OF DEAT	merv			(For newborn infants give re	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
d legil	City or town Bet	hesda	rural	URAL and give nearest town)	State De Ue			
VED FOR BINDING Supply every item of information careful ease write the causes of death clearly an	Hospital, institution, or str	eet address where Hospita	dealh occurred	thesda. Md.	Street No2901ls.tS	Sireet No. 2901 1st St., S.E. (If rural, give LOCATION)		
tion h el	3. (a) FULL NAME	titution?			2.(a) tt veleran, name war	- NL		
orma	SMITH, Sandra (n)					3. (b) Social Securi	ту нашьег	
ING n of infuses of		W-US	6.(a)Singl	e, married, widowed, or divorced		CAL CERTIFICATION 9 Feb. 19.47	7 a 8:05P	
BINDIN ry item o				c) tt alive, give ageyı	21. I CERTIFY that death occurred on	the date above stated; that I attended d	eceased from eb a 1947	
FOR eve	T. Birth date of deceased (mo., day, yr.)	2	-9-47	cy it alive, give agey	and that I last saw n	and that I last saw h Br alive on 9 Feb. 1947. Jimmediaic cause of death floralistic DURATIDE		
YED 1	8. AGE: Years	Months	Days	It less than one day	nin.	<i>J</i>		
					Due to delivery	at 5/2 months		
0.2	1D. Usual occupation				Due to			
- F-	12. Name	chie E Cali	lmer S	Smith				
1 4 1			e Bish	пор	Major findings of operations	(Include pregnancy within 3 months of death) Major findings of operations.		
	16. Informant	Archie	E. Sr	nith	Autopsy results			
PLAINLY s especially				eof 2-11-47 (month) (day) (year)	on WOLFICE. If death was due to	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
F PI	Cemetery or crematory	Geo.Wa	sh., Me	emorial	Where did Injury occur?(City	Where did Injury occur?		
9-45-15 WRITE	Location Hys	ttsvil	le, Mo	Jan W. To	Injured at home, farm, industry, publ	Injured at home, farm, Industry, public birce (where?)		
A16	1B. Funeral director			N.W. Wash. D.	The state of the s	election PETERSON, Capt. (MC)	USN	
3/15/4	19. 2-10 (Date rec'd by regis	19.47	Mary	Charlotte Sn Regist	nith USNH Bethesd	M.	D. or other 2-10-47	



prect age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (57)



01859

Reg. Diat. No.216

CERTIFICATE OF DEATH

information carefully, recon	City or town	omery ethesda (1 lateide city or town to of death? 3 street address where Hospital, Institution?	rural) mits, write i hours dealh occurre Bethe 3 l	action of the state of the stat	State	write RURAL and give nearest town)
BINDING ry item of the causes	female 6.(b) Name of husband		6.	(c) If alive, give ageyear	20. DATE OF DEATH 9 Peb 21. I CERTIFY that death occurred on the date abo	19.47 at 8:05 I
VED Supp	8. AGE: Years	Months	Days	if less than one day	Immediate cause of death	aturity DURATION
MARGIN RESERVED NFADING INK. Supp nt. Physicians: please	1D. Usual occupation 11. Industry or business		••••••	state)	Due 10. Due 10. Dther conditions.	
PLAINLY, WITH U	14. Maiden name 15. Birthplace 16. Informant	Kansas Mr. Archi lst St.,	S.E.,	mop	(Include pregnancy within 3 r Major findings of operations. Antopsy results PHYSICIAN: Please underline the cause to with the cause to	Date of op. bich death should be charged statistically. ses, fill in the following; Date of
CALEASE WRITE IS	Location	W. W. CE Chapin St	Md.	Wash. D.C. Wash. D.C. That the Smith Registra	Injured at home, farm, Industry, public place (yet) Means of Injury PAUL PETERSO AUGUST PAUL PETERSO	injured at work? Lister N, Capt. (MC) USN M, D. or other



2-2160 ---- 2-10

PLAI is espe

WRITE

EASE

(Date rec'd by registrar)

RESERVED FOR BINDING

correct age

M	AR	YL	AN

D STATE DEPARTMENT OF HEALTH T

2411 N. Charles St., Baltimore (525)

Address USNH Bethesda, Md. Date signed 2-12-4

CERTIFICATE OF DEATH Reg. Dist. No. 216 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) County Montgomery State Va. County Arlington Bethesda (rural) (If outside city or town limits, write RURAL and give nearest town) 1 day (If outside city or town limits, write RURAL and give nearest town How long in above place of death?..... 225 N. Thomas Street Hospital, institution, or street address where death occurred: US Naval Hospital . Bethesda . Md. (If rural, give LOCATION) 1st W.W. How long in hospital or institution?..... 3. (a) FULL NAME 3. (b) Social Security Number SNIDER, Robert "H" 6.(a) Single, married, widowed, or divorced 4. Sex 5. Color or race MEDICAL CERTIFICATION widowed 12 February male W-IIS 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6.(b) Name of husband or wife 11 February 6.(c) If alive, give age June 2, 1881 deceased (mo., day, yr.) DURATIO Days It less than one day Months 8. AGE: 65 10 Ohio Due to. (Town, county, and atate) Retired from Government 10. Usual occupation... 11. Industry or business Robert P. Snider Ohio 13. Birthplace 14. Malden nar 15. Birthplace Nellie Frances Phillips 14. Malden name Major findings of operations..... Ohio 16 Interment bro: Mr. Murray F. Snider PHYSICIAN: Please underline the cause to which death should be charged statistically Address 1219 Delafield Place, N.W. Wash. D.C. 22. VIOLENCE: If death was due to external causes, till in the tollowing; 17. Cremation (Burial, cremation, or removal, Which?) Date Thereot Accident, suicide, or homicide..... (month) (day) (year) Where did injury occur?(City or town) Cemetery or crematory Cedar Hill Washington, D. C. Injured at home, farm, industry, public place (where?) injured at work? Means of Injury 18. Funeral director Deal Funeral Home 4812 Georgia Avenue, N.W., Wash, D.C. Mary charlotte Smith

FEB 20 1947

2-2160

#11211

PLEASE

VS AN5

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-2

CERTIFICAT	TE OF DEATH Reg. Diat. No. 266
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3.(a) FULL NAME Edward L. Stock Sr.	3. (b) Social Security Number 212-1.6-9102
4. Sex 6. Color or race 6.(a) Single, married, widowed, or divorced Male while married	MEDICAL CERTIFICATION 20. DATE OF DEATH. 2 19.50 P.
S.(b) Name of husband or wife. Mildle All Start. T. Birth date of deceased (mo., 4sy, pr.) 8. AGE: Years Months Days It less than one day 73 / 20	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19. 10. 19. 19. 19. 19. Immediate cause of death. DURATION Due to. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
Address Rockarle and R-2 Burial Burial Genetery or crematory. Rock Creek Cemetery Location. Washington, D. C. 18. Funeral director. Location. Maryland 19. 2/4 (Date rec'd by registrar) 19. 2/4 (Registrar) Registrar Registrar Registrar	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Accident and the following: Where did injury occur? (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Maens of Injury Accident Manuella Injured at work? 23. SIGNATURE M. D. or other Address Date signed 2.2.4.7

FEB 6 199 BUREAU VE.

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 23-0

01862 Reg. Diat. No. 7140

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Montgomwry City or town Cloverly (If outside city or town limits, write RURAL and give nearest town)		
City or town lowerly Route 2, Silver Spring (If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death?			
Home	Street No. ROUTE 2. S	ilver Spring.	
How Jong in hospital or institution?	2.(a) It veteran, name war		
3 (a) FULL NAME		ocial Security Number	
Granville Jackson Thompson Granville Jackson Thompson	3. (0) 3	none	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male White	MEDICAL CERTIFIC	ATION	
maie mailled mailled	20. DATE OF DEATH. February 8	19.47 at 7%55p	
6.(b) Name of husband or whers Ethel Priest Thompson	21. I CERTIFY that death occurred on the date above stated; the June 4 19, 45 to	at I attended deceased from	
7. Birth date of	and that I last saw h im alive on February 8	19.47	
deceased (mo., day, yr.) September 1, 1876 8. AGE: Years Months Days It less than one day	Immediate cause of death		
6. Add.	Bilateral bronchopneumo	nia	
	with pulmonary edema		
9. Birthplace Ednor Montg. Maryland (Town, county, and state)	Due to Hemiplegia - right side		
10. Usuat occupation.	with aphasia		
	Due to Arteriosclerosis with hypertension	3+ yrs.	
11. Industry or business	Try Del Cells I off	01 713.	
E 12. Name Andrew Thompson 13. Birthplace Maryland	Other conditions	***************************************	
14. Malden name Mary E. Harding	(Include pregnancy within 3 months of dea	th)	
14. Malden name Mary E. Harding 15. Birthplace Maryland	Major findings of operations		
ži 15. Birthplace Maryland	Date of op.		
16. Interment Mrs. Ethel Priest Thompson	Autopsy results	ould be charged statistically.	
Address Cloverly, Md. 17. Burial (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	22. VtOLENCE: It death was due to external causes, fill in the	A STATE OF THE STA	
Cemetery or orematory Burtonsville Union	Where did Injury occur?(City or town)	County) (State)	
Location Burtonsville, Montg. Co. Md.	injured at home, farm, industry, public place (where?)		
18. Funeral director Warner & Pumphray	Means of injury injury	red at work?	
Address Silver Spring, Md.	THE WALL	1111 m	
19. 2 1 19 19 19 19 Swapline machaeffe Theoretra	23. SIGNATURE AddressSilver Spring Maryland	M. D. or other	
(Date rec'd by registrar)	Address	Uate signed/	



0.1	en for	Chauge
daye	. shown	on Felin
\$109-	3/20/4	7_B.
,		

2411 N. Charles St., Baltimore

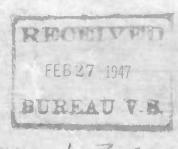
836

01863

CERTIFICATE OF DEATH

er. Dist. No. 2 / 10

1. PLACE OF County Mont	- C. O. M. O. M. T.			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town Ne	ear Damasc	us. or	n Vedar Grove	ve State Maryland County Montgomery	
			URAL and give nearest town) in this vicini		
Hospital, Institution	, or street address where	death occurred	l:	Street No. R. F. D. Germa	
R	A			(If rural, give)	
		t home	<u> </u>	2.(a) If veteran, name war	
3. (a) FULL NA		Webs	ter Watkins		3. (b) Social Security Number
4. Sex	5. Color or race		e, married, widowed, or divorced	0	None
Male	white		rried		RTIFICATION 20, 19 47 15:00P on
6 (b) Name at hugh	and or wife Verti	e Muli	linix Watkins	21. I CERTIFY that death occurred on the date above	
			e) It alive, give age	October 23	64 February 20,
7. Right date of	ey, yr.) Octobe:		1871	and that I last saw h im alive on Fel	b. 20, 1947 1947
	ears Months	Days	It less than one day	Immediate cause of death	DURATION
	74-			Cerebral thrombosis	10-23-4
	don Consta	ierminal urenita			
9. Birthplace		county, and s		Due to Cerebral arterio	osclerosis ? yrs.
1D. Usual occupati	n Retired	Farme	er	Hypotension. Due to Generalized art	toniosolonosis ?
11. Industry or bus				Due to Medical Managed	ratioscialos is:
	Noah Watk	ins		Other conditions	
page 1 mm manner			nty, Maryland.		
		V	- Marian Carallana Caralla	(Include pregnancy within 3 m	onths of death)
14. Malden na 15. Birthplace	Wontrom	*****************	oupty, Maryland	Major findings of operations. None	•••••••••••••••••••••••••••••••••••••••
15. Birthplace	. Y. O	7// 7	Marytane		•
ts. Interment	erua	wor	Taris	Autopsy results. None. PHYSICIAN: Please underline the cause to whi	ch death should be changed statistically
Address	.F.D. Ge	RMAN	town. Md.	22. VIOLENCE: If death was due to external cause	
Buris	tion, or removal, Which?)	Date there	(month) (day) (year)		
	. / . //				
0	natory Olivin			Where did injury occur?	
Location					
18. Funeral director Roy W. Barber Means of Injury Injured at work?					
Address	Laytonsv	ille,	Maryland.	My his Ken	enas Bones M. 7.
Steph	24- 45	10	OD MARINITH	23. SIGNATURE MICKENDREE	Boyer, D. or other
(Date rec'd hy	R. 5 19 7 7 registrar)	0.	Registrar	Address Damascus, Maryla	2-d. Date signed 2-21-47



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

2230

	Reg. Diat. No.
1. PLACE OF DEATH: County Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State Mary and County Mortgomery City or town Silver Springs (If outside city of town Imits, write RURAL and give nearest town) Street No. 91.39 Sligo Creek Parkway (If rural, give LOCATION)
How long in hospital or institution? 13 days	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widow	20. DATE OF DEATH 7eb. 5 19 47 at 6:25 A
6.(b) Name of husband or wife PERCY 1-1 8.(c) If alive, give age years	21. I CERTIFY that death occurred on the date above stated; that Lattended doceased from
7. Birth date of deceased (mo., day, yr.) July 20, 1864	
8. AGE: Years Months Days If less than one day	Immediate Cause of doth
82 6 15min.	Tallat desease
9. Birthplace Honey grove, Texas (Town, county, and state)	Due to arterio Feleroses 10 91s
10. Usual occupation	Bush (D)
11, industry or business	Carcinoma of Mausin 7415.
	Other conditions Colon; Senlity
12. Name Samuel Erwin 13. Birthplace Mississippi	Throid Termon of returner 3 ym.
14. Maiden name Elizabeth Orennon 15. Birthplace Texas	(Include pregnancy within 3 months of thath) Major findings of operation within a Carcino dia C
S 15. Birthplace Texas	Bausverse Colon, Fibrord Ut Date of op Jan 27, 19.
16. Informant Washington Lasitarium Records	Autopsy result Postuced PHYSICIAN: Please ungerline the cause to which death should be charged statistically.
Address Takona Park, Maryland	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Rangoult + Burial Date thereof 7 - 5 - 11 7 (Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide,
Cemetery or crematory	Where did injury occur?
Lecation HONEY GROUE FANALINGO - TEXAS	Injured at home, farm, Industry, public place (where?)
	Means of injury Injured at work?
18. Funeral director. Water	1 / 2 Paga The
Address SILVER DERING THE NEXT	23. SIGNITURE CEAR 4, M.D. or other
19. (Date rec'd by registrar) [Date rec'd by registrar]	Adres 4 4 Sa leve, S.S. Maste signed -5-9

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In sepecially important. Physicians: please write the causes of death clearly and legib MARGIN RESERVED FOR BINDING WRITE PLEASE

AS

FEB 7 1947
BUREAU TO

PLAINLY, WITH UNFADING INK. Supply every item of information carefull is especially important. Physicians: please write the causes of death clearly and

PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (832) CERTIFICATE OF DEATH

01865 Reg. Dist. No. 2160

A. PLACE OF DEATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
City or town. Bethesda		City or town Silver Spring (If outside city or town limits, write RURAL and give nearest town)					
	Hospital, institution, or str	reet address where	death occurred	1:	Street No. 922 Heron Drive (If rural, give LOCATION)		
	How long In hospital or in	stitution?8	days	······································	2.(a) If veteran, name war		
	3. (a) FULL NAME	DANIEL	MOOR	E WHITNEY		3. (b) Social Security	
	4, Sex 5	i. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CE	018-07-4	780
	male	white	w	Ldowed	2D. DATE DF DEATH February &		., at 3:35
I	e (A) Name of SCACOLOG	with Elsi	e M. I	Whitney	21. I CERTIFY that death occurred on the date about	re stated; that I attended dece	ased from
1					Sept. 20 19	46 10 Feb . 8	194.7
	7. Birth date of			c) It alive, give ageyears	and that I last saw himalive onFe	b. 8	184.7.
	deceased (mo., day, yr.) 8. AGE: Years	Oct. 1	Days	If less than one day	Immediate crose of death		
	70	3	22	hrsmin.	CEREBRAL THROMBOS	IS	2010
l	9. BirthpiaceMai	ne		***************************************	Due to	***************************************	
I				itate)			
l		e riten	***************************************		Due 1o	***************************************	***************************************
١	11. Industry or business	A T IIII	4 +				
			TrueA		Other conditions generalized		
		aine			sclerosis; hyperte		
-	-6		ore		Major fiediogs of operations. Confir		
I		aine					
	16. Informant Mrs.	Nathan	iel W	hite, daughter	Actopsy resultsSame	ich death should be charged	statistically.
				Silver Spring,	22. VIOLENCE: If death was due to external cause		
l	17 Shipment	& buri	alDate there	Feb. 10, 1947 (month) (day) (year)	Accident, suicide, or homicide		
1					Where did injury occur?(City or town)	(County)	(State)
1				Massachusetts	Injured at home, farm, Industry, public place (wh		
		11	-	Pumphery	Meens of Injury	Injured at work?	
	Address Silv	er Spri	ng, M	aryland	marin	Bunsh	ead hi
	19. (Date world by regis	19.4.7	7	pm E Jakes	23. SIGNATURE 9 601 Jutton of	M. D.	or other

FEB 18 1947
BUREAU V 8.

2411 N. Charles St., Baltimore 83.7

CERTIFICATE OF DEATH

Reg. Dist. No. 2/36

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
county Man 19 amena	State Maryland County Mulamer	
(If outside city or down limits, write RURAL and give nearest town)		
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or sireet address where death occurred:	Street No. 222 Werl Mary any ave.	
	(If rural, give LOCATION) 2.(a) If yeteran, name war	
How long In hospital or institution?		
3. (a) FULL NAME Barry about	Hilliams 3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, parried, widowed, or divorced	MEDICAL CERTIFICATION	
temple White Married	20. DATE OF DEATH THE SURAN TO 1945 7 21 3 A. M	
8.(6) Name of husband or wife. Waller Q.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
6 (a) 14 aliva aire and	1928 19 Ho Hab. 76 1947	
7. Birth date of	and thet I last saw bull alive on Hills 25 1947	
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death	
64 10 19hrsmin.	Cerebral mascular alledisson	
(R. 1.:00)	fix a flech lang takkhan States to	
9. Birthplace (Town, county, and state)	Due to	
10. Usual occupation. House	Que to Herterlingen + artiriolling Sular	
11. Industry or business		
E 12. Kame Oh aulas alleit	Other conditions	
\$ 13. Birthplace Sochuela Ma.	(Include pregnancy within 3 months of death)	
# 14. Maiden name Martha W. Isan Starente		
14. Matden name Martha Walner Structure 15. Birthplace Rockrible Wal.	Major findings of operations.	
what a mile office	Antopsy results 2000	
16. Informani	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Address Wohnella Wd.	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation, or personal, Which?) (Burial, cremation, or personal, Which?) (Jonnth) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory ochrulle Unice Ceres.	Where did injury occur?	
Location Rockwille Md.	Injured at home, farm, industry, public plate (where?)	
11) m (1)	Means of Injury Injured at work?	
18. Funeral director	Why a fig.	
Address Jochnille Ma.	23. SIDNATURE THE STATE OF THE MAN DO OF OTHER	
19. 2-26 19.47 Both Sure Surelas	Rocher Ill Mel Det 100 126/42	

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

MARGIN RESERVED FOR BINDING



CERTIFICA

Bethesda (rural)
(If outside city or town limits, write RURAL and give nearest town)
place of death? 28 days

(Date rec'd by registrar)

1. PLACE OF DEATH: County Montgomery

How long in above place of death?

RESERVED FOR BINDING

MARGIN

A15

OF DECEASED: of mother)	
Couoty	
its, write RURAL and give nea	rest town)
•W•	
ve LOCATION)	/
	V
3. (b) Social Security	Number
CERTIFICATION	
10	1 204
ry 1944 /	, at .41:3UA
above stated; that I attended decea	sed from
miner Case	19
	19.4
	DURATION
	-olanis D.
um	sudde
1 Marsonson 10.10	
of ceroral	1 mo
8 months of death)	The spirit

Date of or	
which death should be charged	statistically
	reasonemy,
causes, till in the tollowing;	2010
nata Date of Ja	n. 28,19
(County)	(State)
(where?)	
ident. Injured at work?	
Sand of	
schart, M.D. Examiner M.D.	
	3. (b) Social Security 3. (b) Social Security CERTIFICATION TY 1947 bove stated: that I attended decea miner (Case m

Address Gai thersburg, Md.

For change in class. from 170c to 94a see letter from Dr. Broschart, 316/47. 2-25

VS A15

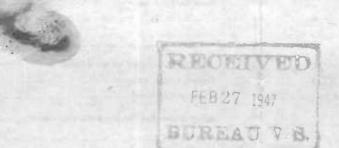
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (26)

CERTIFICATE OF DEATH

Reg. Dist. No. 2230

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Montgomery	
City or tewn Takoma Rack (If outside city or town limits, write RURAL and givs nearest town)	Stale D. C. County
How long in above place of death?	City or town Wash in take (If outside (I) or town limits, write RURAL and give nearest town)
How long in above place of death?	725 E DI - NIN
Washington Sanitarium and Hospital	Street Ne. 72.5 Fern Place, N.W. (If rural, give LOCATION)
Hew long in hespital er institution? 2 wks	_
	2.(a) II veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
WITMER, MRS. ELLEN	
4. Sex 5. Celer er race 6.(a) Single, married, widewed, er diverced	MEDICAL CERTIFICATION
Female White Married	20. DATE OF DEATH February 24 1947, at 950 M
	21. I CERTIFY that death eccurred en the date aberg stated; that I attended deceased from
6.(b) Name of husband or wife Cary Mitmer	19. te February 24 19.47
7. Birth date et deceased (mo., day, yr.) December 31, 1872	and that I last saw h. ex alive en February 24 1947
8. AGE: Years Menths Days If less thap are day	Immediate cause of death Bule marilonilis DURATION
71/ / 21/	Jemerathy & 3 morn
9. Birthplace Dover, York County Pennsylvania (Town, county, and state)	Due to Leshage from Tall Plant Thos
10. Usual eccupation House wife	
	Due to
11. Industry er business	
E 12. Name Michael Link 13. Birthplace	Other cenditions bilale y deals age 2 weeks
X 13. Birthplace	
# 14. Malden name Sarah Miller	(Include pregnancy within a nonths of death)
	Major findings of operations choles
2 15. Birthplace Perry County, Pennsylvania	cholelthiasis Date et ep Nove 20, 1946
18. Intermant Records - Washington Sonitorium and Hospital	Aotopsy results. and allow
Address 700 Carroll Avenue; Tokoma Park, Maryland	PHYSICIAN: Please underline the caose to which death should be charged statistically.
	22. VIOLENCE: If death was due fe external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereet (month) (day) (year)	Accident, suicide, er hemicide
Cemetery er crematery Drummount Gemetery.	Where did injury occur? (City or town) (County) (State)
Make Commen	
Lecation	Injured at heme, farm, industry, public place (where?)
18. Funeral director Strawn Stallers.	Means of Injury Injured at work?
Address 254 Carrell St. N. M. Tatron Barko D. C.	23. SIGNATURE ME LA Slate mo.
Ill of son to William Touth	23. SIGNATURE
(Dato rec'd by registrar)	Address 1008 Highland St. and va. Date signed 2-25-497



2411 N. Charles St., Baltimore 1910

CERTIFICATE OF DEATH

1.00		-216	1
	Dies	N.	-

1. PLACE OF DEATH: County Montgomery		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town		. State D.C. County		
(11	outside eity or town l	imits, write RURAL and give nearest town)	City or town Washington (If outside city or town limits, write	RIPAL and give nearest town
Hospital, Institution,	or street address where	death occurred:	Street No. 1758 K Street, N. V	A STATE and give nearest towns
		Bethesda, Md.	(1f rural, give LOCA	
How long in hospital	or Institution?	13 da ys	2.(a) ff veteran, name war	
3. (a) FULL NAM		Kate Corcoran	3. ((b) Social Security Number
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTI	
female	W-US	widowed	20. DATE OF DEATH. 21 February	147 1 12:101
	22 Oct	Thomas N. Wood 6.(c) If alive, give age years	21. I CERTIFY that death occurred on the date above state 8 February 19.1.7 and that f last saw h & E. alive on since 21. Fee Immediate cause of death	1621 February 19.47.
8. AGE: Yea	Months 3	0ays If less than one day 28hrsmin.	heart Jalleere	
	, housewife	O. C. county, and atate)	Due to Minimischer	ind
		(dec)	Other conditions	7/1/2011
Seed	Sarah K. Washingto	Cochrane n, D. C.	Major findings of operations.	
16. Informant. Mrs	Robert D	mlap .,Wash.,D.C.	PHYSICIAN: Please underfine the cause to which des	
17. Burial (Burial, crematic	on, or removal. Which?	Date thereof 24 194") (month) (day) (year)	22. VIOLENCE: ff death was due to external causes, fill Accident, suicide, or homicide	Date of
		on National	Where did injury occur?	(County) (State)
Location	Arlington V	irginia	Injured at home, farm, Industry, public place (where?)	
		wler Sons M.E. Nucks A.	Means of Injury	Injured at work?
Address 170	56 Penn. Av	e. NW. Washington, D. C	R. C. PARKER, Con	ndr. (MC) USN
19. 2-21	.47	Mary Charlotte Smith	USNH Bethesda, Md.	M. D. or other Date signed 2-21-47
(Date ree'd by	registrar)	Registrat	Address	

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

RESERVED FOR BINDING

MARGIN

PLEASE WRITE

2-25

\$1

2-2160 - 2-18

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)(6)

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: Montgomery County				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
COUNTY				State Maryland County Montgomery	
City or town. Rock creek Forest, Chevy Chase, Md. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred:				City or town Rock Creek Forest, Chevy Chase, Md. (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)	
How long In hospital	or Institution?		* 1	2.(a) If veteran, name war	
3. (a) FULL NAM	ME		ATHERINE ZIMMERMAN	1-6	3. (b) Social Security Number
4. Sex	5, Color or race	5. Color or race 6.(a) Single, married, widowed, or divorced White Married		MEDICAL C	ERTIFICATION
Female	White			20. BATE OF DEATH Felomary 8, 1947, at 930 A.	
6.(b) Name of husband or wife Johnston R. Zimmerman 6.(c) If allve, give age years 7. Birth date of deceased (mo., day, yr.) August 30,1888				21. I CERTIFY that death occurred on the date at Electric S	box/stajed; that I attended deceased from 4.7. to Felt 8, 19.4.7. Felt 8, 19.4.7.
8. AGE: Yea	rs Months	Days	If less than one day	Immediate cause of death.	norrhage
5	8 5	9	hrsmin,		
1D. Usual occupation	Housew	ife McEwen		Due to	lisease
El 10. Di impiaco				(Include pregnancy within 3	months of death)
Margaret McEwen 14. Malden name Washington, D.C.				Major findings of operations.	
					Date of op
16. Informant				Autopsy results	
Address 8104-Larry Pl., Rock Creek Forest, Md.				PHYSICIAN: Please underline the cause to w	
Burial (Burial, eremation, or removal, Which?) Congressional Cametary 11/47				22. VIOLENCE: If death was due to external ca	
				Accident, suicide, or homicide	
Cemetery or crematory. Congressional Cemetery				Where did injury occur?(City or town)	(County) (Stste)
Location Washington, D.C.				Injured at home, farm, Industry, public place (v	where?)
18. Funeral director martin W. Hysong 60.				Means of Injury	injured at work?
		W., Wa	shington, D.C.	23. SIGNATURE Philip 7	V. Varner
	19.47		Hm & John	125. SIGNATURE CONTRACTOR ONE PL	and land M. D. or other 3/1/7

Droschart, medical Examiner, notified and will affrore. 11:10 P.M. Feb. 8/47

FEB 18. 1947